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Maine Medical Association meets in Portland, June, 1924

THE JOURNAL



Maine Medical Association.

The Official Organ of the State and County Medical Societies.

VOL. XIV, No. 1.

AUGUST, 1923.

\$2.00 per year

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MAINE MEDICAL ASSOCIATION.

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 President-Elect—F. W. Mann, Houlton. 2nd Vice-Pres.—Geo. L. Pratt, Farmington.
 Sec. and Treas.—B. L. Bryant, Bangor.

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Second District,	" " "	"
Third District,	" " "	1926.
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Fifth District,	" " "	1925.
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Androscoggin,	John Sturgis, Auburn,	L. J. Dumont, Lewiston.
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Somerset,	O. J. Caza, Skowhegan,	C. E. Richardson, Skowhegan.
Waldo,	O. S. Vickery, Belfast,	Carl H. Stevens, Belfast.
Washington,	I. E. Dyas, Eastport,	A. L. Smith, Machias.
York,	D. E. Dolloff, Biddeford,	A. L. Jones, Old Orchard.
*Deceased		

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THE JOURNAL

OF THE

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VOL. XIV.

AUGUST, 1923.

No. 1

TRANSCRIPT OF PROCEEDINGS AT THE SEVENTY-FIRST ANNUAL MEETING OF MAINE MEDICAL ASSOCIATION, IN CONJUNCTION WITH THE NEW BRUNSWICK MEDICAL ASSOCIATION.

HELD AT HOULTON, MAINE, JUNE 5TH, 6TH AND 7TH, 1923.

First General Session.

The meeting was called to order Wednesday morning, June 6th, at 9 A. M., at the rooms of the Houlton Lodge of Elks, by the President, Dr. Langdon Snipe.

Invocation by Rev. A. M. Thompson, of Houlton.

PRESIDENT SNIPE: I take pleasure in introducing Mr. Astle, first selectman of the town of Houlton. [Applause.]

MR. ASTLE: I am not here this morning to make any extended speech—simply to extend to you the freedom of the town, and I trust that your stay among us may be both pleasant and profitable.

PRESIDENT SNIPE: Dr. Kelly, do you want to assume the responsibility of answering for the State of Massachusetts at this time?

DR. KELLY: We have agitated the question in Boston for the last two or three years as to whether it might not be possible for New England to adopt the scheme that has worked out so successfully in some states in the Middle West, that is, the project of occasionally—say possibly once in three years—having an all New England get-together.

DR. CARTY, of New Hampshire: I bring to you the greetings of the New Hampshire Medical Society to your society, and I am very glad to be here.

PRESIDENT SNIPE: I hope you will enjoy your visit with us very much, Doctor, I am sure. Though not exactly our guest, the New Brunswick Medical Society is meeting with us during this week. It is certainly a matter of congratulation to us that they are able to do so, and I hope it will be a great pleasure to them. I therefore take great pleasure in introducing to the members of the Maine Medical Association Dr. McDonald, the President of the New Brunswick Medical Society. [Applause.]

DR. McDONALD: Mr. President, Ladies and Gentlemen: I would like to thank the officers and members of the Maine Medical Association for their kind invitation to the members of the New Brunswick Medical Society. We appreciate very, very much their invitation to take part in this meeting.

PRESIDENT SNIPE: It is particularly fitting that in our opening meeting we should have an address by a layman, and it is a source of great pleasure to me to introduce as that layman not only a man of whom Houlton is proud, but a man who is claimed by the whole State of Maine, the Hon. Charles P. Barnes. [Applause.]

MR. BARNES addresses the meeting.

I just want to say that I hope there will never be a composite Board in the State of Maine.

President McDonald of the New Brunswick Medical Society assumed the chair.

PRESIDENT McDONALD: Ladies and Gentlemen, I would like to introduce Dr. Walter White, of St. John, who will read a paper on "Fractures and Their Treatment." [Applause.]

DR. WHITE reads.

PRESIDENT McDONALD: Gentlemen, I will introduce Dr. W. E. Rowley, of St. John, whose topic is "Acrodynia."

DR. ROWLEY reads.

At this point President Snipe assumed the chair.

PRESIDENT SNIPE: We had the pleasure this morning of listening to an address by a layman regarding who may practice medicine in Maine. We are now to hear from a speaker without whose permission none of us would be able to practice in Maine. Fortunately, he is not to speak on that subject, but on "Cervical Lacerations and that Symp-

tom Leucorrhea." I take great pleasure in introducing Dr. Adam P. Leighton, of Portland.

DR. LEIGHTON reads.

Adjourned.

Second General Session.

WEDNESDAY AFTERNOON, JUNE 6th, 1.30 P. M.

The meeting was called to order by Dr. McDonald, President of the New Brunswick Medical Society, who occupied the chair during the delivery of President's Snipe's address.

(President Snipe in the chair.)

THE PRESIDENT: It is always a great pleasure, gentleman, to hear a paper from the hand of a master, and I am sure Dr. Fellows fills that bill perfectly. His paper is "Digestion Disturbances in the Bottle-Fed Infant."

DR. FELLOWS reads.

(Dr. McDonald assumed the chair.)

PRESIDENT McDONALD: I now call on Dr. Mackenzie, of Montreal, whose topic will be "Hematuria a Symptom."

(Dr. Mackenzie showed lantern slides of cases illustrating this topic, and explained them.)

PRESIDENT McDONALD: I would like to take this opportunity of thanking Dr. Mackenzie for his kindness in coming here, and I do this on behalf of myself and the New Brunswick members. We certainly have enjoyed and appreciated his paper.

On motion by Dr. Marshall, of Portland, the thanks of the Maine Medical Association were extended to Dr. Mackenzie by a rising vote.

Adjourned.

Third General Session.

THURSDAY, JUNE 7, 1923, 9.00 A. M.

The meeting was called to order by President Snipe.

THE PRESIDENT: We have had men who stand high in their profession speak to us almost every year, but no man stands higher in his specialty than the first speaker this morning, a man who has done more for fractures, probably, than any man in this country. I take great pleasure in introducing Dr. Frederick Cotton, of Boston. [Applause.]

DR. COTTON reads.

PRESIDENT SNIPE: I am sure, Dr. Cotton, that I reflect the sentiments of both the Maine and New Brunswick Associations when I express our sincere appreciation of your extremely practical talk. Dr. McDonald, I now turn the meeting over to you.

PRESIDENT McDONALD: Gentlemen, I will now ask Dr. W. D. Rankine, of Woodstock, to favor us with his paper, "The Septic Ear."

DR. RANKINE: Mr. President and Gentlemen: My only regret is that Dr. Cotton had not continued a little longer, because what I have to say will be of a very common, mediocre type, and probably you would be better spared if I had been passed over. However, I will consider a few things that we meet in the ordinary daily routine; in fact, they are so common that they have lost their interest, I may say.

DR. RANKINE reads.

PRESIDENT McDONALD: I think the general practitioners present will enjoy and appreciate the paper given to us by Dr. Rankine, of Woodstock—something that we are meeting and something that we have got to take care of ourselves.

Dr. Snipe again assumes the chair.

PRESIDENT SNIPE: The concluding paper of the morning is on "Preventable Deformities of the Extremities," by Dr. Langdon Thaxter, of Portland. [Applause.]

DR. THAXTER reads.

PRESIDENT SNIPE: Dr. Thaxter's valuable paper is now open for discussion. [No response.]

THE PRESIDENT: Dr. Fogg has unfortunately been unable to be present, so, with your permission and approval, Dr. Fogg's paper will be printed, and you may have the opportunity of reading it when it appears.

PRESIDENT SNIPE: There being no further business, the meeting stands adjourned until 1.30 P. M.

Fourth General Session.

THURSDAY AFTERNOON, JUNE 7, 1923.

The meeting was called to order by the President, Dr. Snipe.

THE PRESIDENT: Gentlemen, I take great pleasure in presenting to you my colleague, who has shared my arduous labors for the last two days, the President of the New Brunswick Medical Society, Dr. McDonald. [Applause.]

PRESIDENT McDONALD: Gentlemen, I take much pleasure in calling on a member of the profession from the Province of New Bruns-

wick to read his paper, Dr. Landry, of Moncton, the title of which is "Some French Viewpoints on Pain in the McBurney Region." I might say that Dr. Landry has only recently returned from Paris, where he spent, I think, a year or a year and a half, and he is well qualified to give us a paper on this subject. Dr. Landry. [Applause.]

DR. LANDRY reads.

PRESIDENT McDONALD: On behalf of the Maine and New Brunswick Medical Societies, I would like to thank Dr. Landry for his very interesting paper. Gentlemen, this will conclude this portion of the program, and the Maine Medical Association will now hold a business meeting.

(President Snipe assumes the chair.)

DR. IRISH: Mr. President, there is one matter, not on the program, which it seems proper for us to take up. When we arrived at Houlton, the Boy Scouts of Houlton met us at the gate, and they have performed their duties very faithfully and very well. I would like to suggest that the Chair appoint a committee of three physicians from Houlton to take up a contribution, to be divided among the troop of Scouts in Houlton in such manner as the "Houlton Daily News" (Dr. Mitchell) deems fit and proper. [Applause.]

DR. CALL: Mr. President, I second the motion.

The motion received passage.

Thereupon Dr. Jackson, of Houlton, was appointed chairman of the committee, he to select his committee for that purpose.

THE PRESIDENT: While the collection is being taken, we will listen to the soothing sounds of the report of the House of Delegates by the Secretary.

(The Treasurer's report, budget for the coming year and report of the Committee on Resolutions, also the report of the Nominating Committee will be found in the House of Delegates proceedings.)

THE PRESIDENT: Gentlemen, you have heard the report of the Secretary regarding these matters. This report requires no action on the part of this body.

I take pleasure in announcing that the committee on contribution for the Boy Scouts has attended to its duties, and the amount collected is \$38.00.

It is your duty to elect a President for the following year, in other words, the official known as the President-elect, and the Chair awaits nominations.

DR. STURGIS: Mr. President and Members of the Maine Medical

Association: As a delegate from the Androscoggin County Society, and as its President, I wish to nominate a man of a great deal of ability, who has the respect of all who have known him up to this day, and I know that he will so continue to do. I wish to name the man, F. W. Mann. [Applause.]

DR. BARTLETT, of Norway: Mr. President, it is very gratifying to me at this time to have the opportunity of seconding on behalf of the Oxford Bears the nomination of Dr. Mann of Houlton. [Applause.]

DR. SYLVESTER: On behalf of Cumberland County, which today looks to Aroostook County for inspiration in regard to business efficiency and management, and for its representative, we are glad to second the nomination of Dr. Mann. [Applause.]

DR. SMITH, of Bangor: Coming from the neighboring county of Penobscot, we all know Dr. Mann, and it gives me great pleasure to second his nomination.

DR. KERSHNER: In behalf of Sagadahoc County, I think we can do ourselves no greater honor than to be very pleased to second the nomination of Dr. Mann.

DR. MINER: Mr. President, from Washington County we concur in the nomination.

DR. PHILLIPS: For Hancock County, I take pleasure in seconding the nomination of Dr. Mann.

DR. WILEY, of Bar Mills: Mr. President, in behalf of York County, I certainly am glad to second the nomination of Dr. Mann.

THE PRESIDENT: Are there any other nominations?

On motion, duly seconded, it was voted that the nominations close.

On motion by Dr. Kershner, duly seconded, the Secretary was instructed to cast the ballot of the Association for Dr. F. W. Mann as its unanimous choice for President-elect for the ensuing year.

Thereupon the Secretary attended to his duty, and so cast the ballot of the Association for Dr. F. W. Mann, of Houlton, as President-elect for the ensuing year.

DR. MANN: Mr. President and Members of the Maine Medical Association: My daughter recently graduated from college, and, when congratulated by her neighbors, she very promptly replied, "Don't congratulate me; congratulate Dad. He has paid the bills." Now for this miserable predicament in which you find yourselves, don't blame me; blame my good friends who have foisted me upon you. I can only promise you that every atom of ability I possess, and every ounce of

energy within me, will be used to serve the Association. I thank you one and all for the great honor conferred on me. [Applause.]

PRESIDENT SNIPE: Has any member present anything to offer before we adjourn? [No response.] If not, I declare this meeting and this session adjourned.

First Meeting of the House of Delegates.

TUESDAY EVENING, JUNE 5, 1923.

The meeting was called to order by the President-Elect, Dr. C. A. Moulton, of Hartland.

THE PRESIDENT-ELECT: The Secretary will determine whether there is a quorum present.

Thereupon, the roll being called, a quorum was found to be present.

THE PRESIDENT-ELECT: I hope that you all have received a copy of the May JOURNAL and have given the committee reports due consideration, so that the business of the meeting may proceed with dispatch. As I understand it, these reports are to be referred to a Committee on Resolutions. If there is anyone who wishes to bring up any report and discuss it, the privilege is now yours.

On motion by Dr. Kershner, of Bath, duly seconded, it was voted that the reports take their usual course and be referred to the Committee on Resolutions.

THE PRESIDENT-ELECT: This Committee on Resolutions shall be appointed how?

THE SECRETARY: Usually by the Chair.

Thereupon, on motion by Dr. Kershner, of Bath, duly seconded, it was voted that that committee be appointed by the Chair.

THE PRESIDENT-ELECT: It is usually the custom at this time to select the Nominating Committee, which will consider the officers of the Association with the exception of the President-Elect. The Chair inquires how this committee shall be chosen.

DR. KERSHNER: Isn't it customary for the Chair to appoint this committee?

THE PRESIDENT-ELECT: The Chair believes that it is, and it appoints as Nominating Committee, Dr. John Sturgis, of Auburn, Dr. B. F. Bradbury, of Norway, Dr. W. G. Chamberlain, of Fort Fairfield, Dr. George A. Neal, of Southwest Harbor, and Dr. W. H. Bunker, of Calais.

THE PRESIDENT-ELECT: We will now listen to a report from the Secretary, which is not printed.

THE SECRETARY: This is a supplementary report regarding membership.

	1922.	1923.	Insured.
Androscoggin,	67	61	41
Aroostook,	48	46	31
Cumberland,	201	198	118
Franklin,	15	16	12
Hancock,	23	24	11
Kennebec,	76	66	49
Knox,	29	30	16
Oxford,	35	35	15
Penobscot,	91	88	63
Piscataquis,	16	18	11
Sagadahoc,	18	17	13
Somerset,	28	27	19
Waldo,	15	14	3
Washington,	33	23	10
York,	61	63	39
Direct,	12	6	
	768	732	451

DR. BRYANT: The Treasurer's report is as follows:

Secretary's office,	\$449.17
Defense Attorneys,	1,336.57
Annual meeting,	529.56
Legislative,	402.77
Cancer Committee,	36.65
Venereal Committee,	25.00
Public Relations Committee,	15.38
President's expenses,	245.34
Secretaries' meeting,	72.50
Lewiston Clinic,	61.38
Maine Medical Journal,	500.00
Council,	65.90
Refund Telephone,	34.40
	\$3,774.62
Cash on hand, June 1, 1922,	\$6,887.65
Cash from dues and interest, 1923,	3,230.32
Total,	\$10,117.97
Less accounts paid,	3,774.62
Cash on deposit June 1, 1923,	\$6,343.35
Eastern Trust and Banking, checking,	\$1,609.78
Eastern Trust and Banking, savings,	4,733.57
	\$6,343.35

THE PRESIDENT-ELECT: You have heard the Treasurer's report. What shall we do with it?

Thereupon it was moved that the report be accepted.

DR. KERSHNER: I think we ought to discuss some feasible plan of getting at the fellow who has not considered it advisable to take out insurance. It is a protection to the Association as well as to himself.

DR. STETSON: If every member had insurance, we would save about two dollars apiece in our expense.

THE SECRETARY: We put it in the hands of the various insurance agencies in the different counties, asking them to get at all the men who were not insured, but I think we have got to work it through the Association as well.

DR. KERSHNER: The insurance agents have fallen down on the job, in my opinion. Two men with whom I talked not a great while ago said that no insurance agent had ever been near them.

DR. NEAL, of Southwest Harbor: The members want to know from what agency they should take out insurance. I think it would be better if one agency looked after one county, instead of several.

DR. STETSON: Wouldn't it be better to include the insurance in our dues to the county?

DR. KERSHNER: Some of the men have got it under their hat that the insurance that we are carrying is inferior to this Medical Protective Association. Now this Medical Protective Association is not licensed to do business in the State of Maine, or was not in the year 1922. Furthermore, the man insured has absolutely nothing to say other than to assist them in getting evidence after he reports that he is in trouble.

THE PRESIDENT-ELECT: The question is still open.

DR. SINCOCK: Mr. President, might I inquire if the insurance has proven satisfactory?

THE SECRETARY: We have only had one case reported under it since we started in, but we know that the Hartford Company has agreed to allow the committee of defense to outline and employ our attorneys.

DR. SINCOCK: If we think this is the best arrangement, we should educate our men through our different societies, and they should take this insurance out. If they do not do that, why should they be protected, any more than a man is protected who will not insure his house?

DR. J. S. MILLIKEN: There seems to be considerable confusion in Kennebec County. Those of us who were insured by the Augusta agents of the Hartford Company received a notice from the Waterville agency that implied that we must insure with them.

THE PRESIDENT-ELECT: Are there any further remarks upon this question?

DR. NEAL: The last speaker illustrated the point that I was trying to make. If we could make some arrangement whereby just one insurance agency in a county should have the full care of making out the policies in that county I think it would cause less unpleasantness.

THE SECRETARY: We had the same row in Penobscot County—two competing agencies. We could not get the home company to decide between the two. They said they were both qualified agencies and entitled to do business. They would rather, of course, you should use your own county agents. I have a list of all the agents of the Hartford in the State of Maine, and, as soon as I can get to it, I will send to each Secretary of the county associations a list of those who are insured, those who are not insured, and a list of the Hartford agencies in that county. Then I think it will be up to your county societies to see whether your men are insured or not.

THE PRESIDENT-ELECT: If there are no further remarks, the matter will be referred to the Finance Committee.

Thereupon it was voted to so refer the report.

THE SECRETARY: Possibly right along in this connection, I might put in my estimate for the budget for next year, to be referred to the Finance Committee at the same time, as follows:

President's expenses,	\$100.00
Salary Secretary and Treasurer,	100.00
Stenographer and traveling expenses of Secretary,	300.00
Legislative Committee,	100.00
Expenses of Councilors,	150.00
Expenses of Committees,	100.00
Maine Medical Journal,	800.00
Delegate to the A. M. A.,	350.00
Public Health Clinics,	200.00
Medical Defense,	500.00
Annual Meeting,	300.00
Secretaries' meeting,	75.00
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	\$3,075.00

The above is just about our income at the present time.

On motion, it was voted that the budget be accepted as read.

At this point the President-elect announced, through the Secretary, the Committee on Resolutions as follows: Chairman, Dr. Frank Y. Gilbert, Portland, Dr. Harry McNeil, Bangor, Dr. George Young, Skowhegan, Dr. W. E. Kershner, Bath.

THE SECRETARY: The reports are already printed in the JOURNAL.

THE PRESIDENT-ELECT: We would like to hear from Dr. Gilbert on the JOURNAL.

DR. F. Y. GILBERT: With the cost of paper and printing increased practically 100%, and the tendency of all business to curtail expenses, the JOURNAL has run over its appropriation for the past two years. It will be necessary to increase the appropriation to at least \$800. In regard to the \$2.00 per year printed on the front cover page, that has nothing to do with members of the Association, but fixes a value for outside subscriptions.

DR. SPALDING: Georgia gives their Journal \$2,000. I hope the Maine Medical Association will give us money for as good a Journal. Another matter, which does not concern me, as I have finished fifty-three years in practice, I would like to have somebody make a motion that on and after this medical meeting every doctor arriving at fifty years of practice shall receive a simple recognition, in the form of a gold medal, or a piece of silver, the cost not to exceed fifty dollars, as a token of our esteem. I move that the Maine Medical Association vote that a protest be sent to the Commissioner of Internal Revenue, stating that attendance on medical conventions is a necessary part of the doctor's business; that when he goes he loses his practice and is entitled to an additional deduction for loss of money. I have started this in Massachusetts and I have started it in New Hampshire and Maine.

THE PRESIDENT: As I understand it, Dr. Spalding wishes two motions. One to present a medal to doctors practicing fifty years, and the other to make a protest on this matter of income tax. What will you do with the first motion in regard to the medal?

Thereupon, on motion duly seconded, it was voted that the two motions be referred to our Committee on Resolutions.

THE PRESIDENT-ELECT: Next on the program is the report of our delegate to New Hampshire, Dr. Spalding.

DR. SPALDING: Mr. President and Members of the House of Delegates: I went over to Concord, New Hampshire, and attended the meeting of the New Hampshire Medical Society. They not only gave me a vote of thanks, but they invited me to come over again in 1924. The larger part of the meeting was devoted to a discussion of the establishment of a new four years' Class A medical school in connection with Dartmouth College. It was voted that every effort should be made to establish such a school. [Applause.]

THE PRESIDENT-ELECT: Gentlemen, there is a little matter that perhaps our Secretary had better read to you in regard to a matter that we are all interested in. I have heard a good many remarks about this very thing since I have come to town. We will now listen to that reading.

THE SECRETARY: This is from the Executive Secretary of the American Bureau of Legislation. (Reads communication.)

On motion, it was voted that it be referred to the Committee on Resolutions.

THE SECRETARY: Here is another matter which I wish to take up. This is the matter of the new journal known as *Hygeia*. For a long time the medical profession has had absolutely no way to convey to the public the various new things which are coming up, so it has seemed best to the Council of Health and Public Instruction of the American Medical Association to print this journal, which they have called *Hygeia*. It is a popular journal, to be sold on the news stands, and it is desired that we shall get as many subscribers for it as possible. It is a very good thing to have upon your table in your front office. Also it would be a good thing if the county societies would take hold of it, to get this into the various women's clubs and the various quasi-public health associations.

THE PRESIDENT-ELECT: All of the standing business is now taken care of, and we will listen to anything that anybody has to say under the head of new business.

DR. SYLVESTER, of Portland: Mr. President, there is a matter I should like to call to your attention, and that is this: At our last two or three meetings we devoted considerable time to the discussion of legislative matters, and now, though the legislature has convened and adjourned, we should still continue this discussion. It is a very foolish thing to wait until the next legislature meets and think then we are going to do something. The members of the Bar Association do not understand why we do not employ a lobbyist. We should make them and the public realize that our attitude on legislation at Augusta is not one of selfish interest, and that they are as much responsible for the public good as we are. The lawyers have always been on the off side of our fence and ready to attack us. If we could only get a little bit of co-operation, just enough to head off legal attacks, we might in a couple of years have some law framed that would be universal enough in its scope to answer our purposes. Now there is one thing else along that same line where we are at fault. The medical members of the last legislature—I do not mean anyone present—felt somewhat aggrieved because no suggestion was made to any one of them, I was informed. Now in spite of our not asking them, we received help which was greater than anything that the lawyers or anyone else furnished. I think our thanks are due to Senator Phillips and to the other members of the legislature who acted in our absence for us.

THE SECRETARY: I move, Mr. President-elect, that a vote of thanks be extended to Dr. Phillips.

The motion prevailed by a unanimous rising vote.

DR. PHILLIPS: Gentlemen, I wish to thank you.

THE PRESIDENT-ELECT: Is there any new business? Now is the time to bring any matter up.

DR. NEAL: The officers have asked me why their names were not printed for the coming year in the JOURNAL in the next number after our annual meeting.

DR. GILBERT: As soon as I get any notice of that kind, I usually send it to the printer. If you will notify me directly, I will be glad to straighten this right out; otherwise I have no means of doing it.

THE SECRETARY: You will find in the last part of the program here the correct list.

THE PRESIDENT-ELECT: Is there any other business in the House of Delegates?

DR. SNIPE: The President of the Association is supposed to visit, so far as he is able, all the counties in the state. I had the pleasure of visiting eleven out of the fifteen counties of the state. I received no invitation from those other four counties and no notice of any of their meetings. One of the counties, the nearest county to me, I never knew that they had a meeting until after it was over. Now in future years I believe that the County Secretaries should at least send to the President of the State Association notices of their county meetings.

PRESIDENT-ELECT MOULTON: I will say that I have already had one invitation.

DR. SNIPE: I hope you will enjoy going as much as I did.

THE SECRETARY: I wish you would extend that notice also to the Secretary—and the most of the county societies do at the present time—because oftentimes there are matters of business which he would like to bring before the county societies.

THE PRESIDENT-ELECT: It is very proper that the Secretary should be there, because he is really the man best posted in matters of detail, as I understand it, more so than the President.

DR. GILBERT: I would suggest that they be extended to the editor of the JOURNAL, also, so that he may be able to get first-hand reports of the meetings. If there were co-operation between your county units and the state, it would run easier for all of us.

Adjourned until 1.00 P. M., Wednesday, June 6th.

Second Meeting of the House of Delegates.

WEDNESDAY, JUNE 6, 1923, 1.00 P. M.

The meeting was called to order by President-elect Moulton.

THE PRESIDENT-ELECT: We will now hear the report of the Nominating Committee, Dr. Sturgis, chairman.

Thereupon the Secretary read the following report:

1st Vice-President—E. G. Stetson, Brunswick.*2nd Vice-President*—George L. Pratt, Farmington.*Secretary and Treasurer*—Bertram L. Bryant, Bangor.*Councilor, Third District*—Neil A. Fogg, Rockland.*Councilor, Fourth District*—George Young, Skowhegan.*Scientific Committee*—Allen Woodcock, Bangor; Thomas Foster, Portland; C. E. Richardson, Skowhegan.*Legislative Committee*—L. P. Gerrish, Lisbon Falls; W. E. Kershner, Bath; H. L. Bartlett, Norway.*General Diseases*—F. N. Whittier, Brunswick; H. W. Stanwood, Rumford; E. E. Holt, Sr., Portland.*State Hospitals*—Addison S. Thayer, Portland; R. H. Marsh, Guilford.*Cancer Committee*—E. H. Risley, Waterville; H. E. Thompson, Bangor; Mortimer Warren, Portland.*Health in School*—Clarence Kendall, Augusta; A. L. Smith, Machias; J. A. Spalding, Portland; T. A. Foster, Portland; G. F. Rand, Livermore Falls.*Committee on Hospitals*—F. W. Mitchell, Houlton; H. F. Morin, Bath; R. W. Wakefield, Bar Harbor.*Medical Defense*—T. E. Hardy, Waterville; B. L. Bryant, Bangor; E. G. Abbott, Portland; F. H. Jackson, Houlton; E. V. Call, Lewiston.*Public Relations*—S. J. Beach, Portland; T. E. Hardy, Waterville; E. D. Merrill, Dover-Foxcroft; Richard Small, Portland; Clarence Kendall, Augusta; B. L. Bryant, Bangor; F. Y. Gilbert, Portland.*Medical Education*—F. H. Badger, Winthrop; F. W. Mann, Houlton; D. A. Robinson, Bangor.*Necrologist*—Dr. J. A. Spalding, Portland.*Delegate to the A. M. A., 1924-25*—B. L. Bryant, Bangor; alternate, F. Y. Gilbert, Portland.*Delegate to the National Legislative Council*—Addison S. Thayer, Portland.*Delegate to the National Council, Medical Education*—D. A. Robinson, Bangor.*Delegates to State Societies*—New Hampshire, J. A. Spalding, Portland; Vermont, Geo. B. O'Connell, Lewiston; Massachusetts, T. J. Burrage, Portland; Rhode Island, Carl Robinson, Portland; Connecticut, E. H. Bennett, Lubec.*Visitors to State Sanatoria*—C. B. Sylvester, Portland; Carl O'Brien, Bangor.

THE PRESIDENT-ELECT: You have heard the report of your Nominating Committee, and the list is before the House of Delegates. What action will you take?

On motion by Dr. Neal, duly seconded, it was voted that the report be accepted.

THE PRESIDENT-ELECT: At this time the place of the next meeting might be discussed.

THE SECRETARY: It is fairly well understood that we go to Portland on alternate years.

DR. SYLVESTER: On behalf of the Cumberland County Association, I extend the invitation for you to come to Portland.

THE PRESIDENT-ELECT: Do I hear any requests from any other section of the state?

DR. NEAL: At our last county meeting it was said that in 1925 Bar Harbor would probably send an invitation to the Maine Medical Association to meet there.

DR. BADGER: I move you, Mr. President, that we accept the invitation of Dr. Sylvester to meet in Portland next year, the particular time in June to be left to the officers of the Association.

Thereupon the motion, as amended, having been duly seconded, prevailed.

THE PRESIDENT-ELECT: While we are waiting for the chairman of the next committee to report, Dr. Sylvester may have something to say.

DR. SYLVESTER: I would make the motion that our body instruct the Legislative Committee to secure the co-operation of the Maine Bar Association and the Public Health Council of the State of Maine in securing public health legislation.

DR. LEIGHTON: Mr. President, I second the motion of Dr. Sylvester and am in full accord with all his remarks. I think we should formulate a program of legislative activity, and this should be made known to each member of the Association. I feel that this is a matter for the whole Association to get behind.

DR. BADGER: This should be done as early as possible, so that every man may have a thorough knowledge of what is being asked and what to support, that he may go to his representative in the legislature and explain to him personally just what his desires are.

DR. SYLVESTER: I think it would help us to get good laws if the public knew that no selfish interest inspires us in seeking public health

legislation. We honestly think the more of these cults there are, the more business they will make for the doctors. Some such propaganda, so that the public could grasp somewhat our point of view, would be an excellent thing as preliminary to vigorous action by us at the next session of the legislature.

THE SECRETARY: I would suggest that the Legislative Committee, in advance of the secretaries' meetings, one of which will probably be at Bangor in September, and another at Portland either in January or February, commence to formulate something, and then come to our next annual meeting with a definite plan of action. I would favor a preliminary examining board similar to the Board of Regents in New York. I think you can get dentists, pharmacists, osteopaths and chiropractors to favor it. Get your lawyers into it, and have a thorough understanding all over the state, and I think you can put it across. If necessary, have your lawyers go down there and advocate it instead of the medical profession.

DR. MILLIKEN: I would like to ask of someone if there would be any objection to this plan—that everybody who practices the healing art in Maine should have the same education in the fundamentals that M.D.'s have? Then if they wish to practice some particular cult, have treatment and therapeutics left to their particular schools. I would like to ask Dr. Leighton what is the objection to this.

DR. LEIGHTON: Mr. President, since he addresses his remarks to me, I might say that the bill put in at the last legislature fulfills all of the points in the question.

DR. GILBERT: Mr. President, might I read the recommendation of the Committee on Resolutions? I think it covers the whole thing.

Medical Legislation. In view of past legislative experiences, we recommend that a bill similar to the one introduced at the last legislature, and published in the JOURNAL, be adapted and submitted to the Councilors and to the secretaries of the county societies at their next meeting for their approval or modification, and finally presented for approval at the next annual meeting of the State Association."

DR. SYLVESTER: That does not conflict in any way with the present motion before the house.

THE PRESIDENT-ELECT: Are you ready for the question? Will Dr. Sylvester restate his motion?

DR. SYLVESTER: It was that we instruct the Committee on Legislation that they secure the co-operation of the Maine Bar Association and of the Maine Public Health Council in the passage of all legislation affecting the public health.

THE PRESIDENT-ELECT: You have heard the motion. Are you ready for the question? All those in favor will please make it manifest.

DR. MINER: Mr. President, before that motion is put I think definite plans should be entered into by this committee, and have the Council instructed as to what they wish in the way of legislation.

THE PRESIDENT-ELECT: All those in favor of the motion as presented by Dr. Sylvester will make it manifest.

The motion prevailed.

On motion by the Secretary, duly seconded, the section of the recommendations of the Committee on Resolutions, as read by Dr. Gilbert, was adopted.

DR. GILBERT: On the question of medical defense, in view of the fact that seventeen suits or threatened suits have been brought before the Maine Medical Defense Committee in the last two years, and that only three of the seventeen sued were insured in any company, and furthermore that the total expense of the investigation and defense of the remaining fourteen cases was borne by the Treasurer of the Maine Medical Association, we strongly recommend that every member of the Maine Medical Association should be insured, as provided through the Maine Medical Defense Committee, with the Hartford Insurance Company.

On motion by the Secretary, duly seconded, the recommendation was adopted.

DR. GILBERT: On the question of Public Health, your committee reports:

"We heartily endorse all the public health activities as carried on by the Maine Public Health Committee, and recommend that this work be carried on and extended in co-operation with the Maine Public Health Association and lay organizations.

Whereas during the past year there has been organized in the various counties public health organizations, with committees acting in co-operation with the committee on outside relations of county medical societies, we recommend that the members of the Maine Medical Association take a more active interest and co-operate more closely with lay organizations in promoting their various health activities."

Thereupon, on motion duly seconded, the recommendation of the committee was adopted.

DR. GILBERT: Next is the Councilor's report.

"We heartily endorse the work of the Councilors the past year, and recommend that they continue making frequent visits to their constituent societies, investigating their activities, promote discussion of advice of state association, and seek closer co-operation between county and state association."

"We further recommend that the Councilors, in their visits to county societies, impress on the Secretaries the importance of promptly reporting all activities, official or personal, etc., to the President of the State Association, Secretary of the State Association, President-Elect of the State Association, and editor of the state JOURNAL."

The recommendation, on motion duly seconded, was adopted:

DR. GILBERT:

"General Committees. We endorse the work of all the committees and especially commend the work of the Legislative Committee. We recommend a continuation of their activities, with the necessary appropriation for the same."

Thereupon, on motion duly seconded, the recommendation was adopted.

DR. GILBERT:

"We recommend that any member of the State Association who has practiced medicine in the State of Maine for fifty years should be awarded a medal, or other token, the value of which shall not exceed thirty dollars."

THE PRESIDENT-ELECT: You have heard the recommendation which originated with Dr. Spalding. What will you do with it?

On motion, duly seconded, the recommendation was adopted.

DR. GILBERT: Here is one dealing with the Narcotic Law, as follows:

"In view of the fact that in the past regulations have been instituted and become operative under the Harrison Narcotic Law and National Prohibition Act, without consideration of those whom the acts vividly affect, we resolve that in the future all contemplated regulations except in emergencies be framed in consultation with those whom the said regulations will affect before they are promulgated and put into force."

On motion, duly seconded, the recommendation was adopted.

DR. GILBERT: There is another one that I think should be adopted, of which we did not get the draft, and that was with reference to the Veterans' Bureau.

THE PRESIDENT-ELECT: Do you wish to adopt that in some modified form?

On motion by the Secretary, duly seconded, it was voted that the committee be empowered to draw up a resolution, and that it shall receive the approval of the House of Delegates.

DR. GILBERT: Next is a resolution of the new journal *Hygiea*.

"Whereas the American Medical Association has founded the quasi-medical magazine for the purpose of getting to the non-medical public the information they should know about the development in medicine; be it

"Resolved, That we endorse this movement and recommend that all physicians subscribe to this magazine and assist in placing it upon the reading tables of clubs, libraries and in the hands of lay health organizations."

Thereupon, on motion duly seconded, the recommendation was adopted.

DR. GILBERT: Your committee recommends the following resolutions of appreciation:

"Whereas the Aroostook County Medical Society, the New Brunswick Medical Society, the Houlton Chamber of Commerce, the Elks Club, the Citizens of Houlton and Aroostook County, have spared no effort in making the meeting of the Maine Medical Association a success; be it

"Resolved, That we express our appreciation for this exceptional expression of hospitality, and that a copy of this resolution be spread on the records of this Association, and copies sent to each of the above organizations and published in each of the local papers."

Thereupon the recommendation was adopted by a unanimous rising vote.

DR. GILBERT: Your committee recommends the following:

"Whereas, Mr. Hiram Ricker, of Poland, has in his characteristic way forwarded a liberal amount of spring water for the use of the members of the Association during their stay in Houlton; be it

"Resolved, That we express our appreciation for his kind regard for the Association and extend to him a vote of thanks."

Thereupon, on motion duly seconded, the recommendation was adopted.

THE PRESIDENT-ELECT: Is there any new business or any unfinished business?

THE PRESIDENT-ELECT: I will say that your Secretary and myself, in going about and visiting the different associations of the state, will be very glad to pass along any of these things that we have been hearing here today, especially in regard to legislation and the insurance proposition. If there is nothing further, a motion to adjourn is in order.

Voted to adjourn.

JOURNAL OF MAINE MEDICAL ASSOCIATION

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OUR DEAD.

Every association of men or women of today takes some notice of its yearly meeting of former members who have gone on before and joined the mighty throng of the dead. We need hardly mention the Elks, or the Masons, or the Odd Fellows, or the Women's Literaries, or the lawyers or merchants of many trades, or even the K. K. K., but we will do so, in order to emphasize to the readers of the JOURNAL and the members of the Maine Medical Association that we are, apparently, the only set of men who do not honor our dead as we should. If every society of men and women with which we are acquainted, even very casually, goes on year after year with some sort of service or paper or memorial for their dead members, then it is time that we, as physicians, making a business or a profession of caring for the living, should let ourselves go a bit farther along the road into eternity, to follow in mind the memories of those who have labored in our Association or joined in our circles of friendship.

Every member of this Association, with a conscience, must have felt hurt and even deeply grieved at our last meeting, that not a word was said concerning those who had died during the current year. Resolutions recalling one single member may have been passed in proper form, but all the rest, equally meritorious perhaps, and all fully as honorable, were passed by in utter silence.

Do not you, the one member reading this brief message to all, do not you look forward for a single word of memorial or of commendation to be said for you at the next meeting following the day when you, too, have passed along? If so, and human nature longs for some remembrance from former friends, then we ask you to favor and to promote

forever the reading at the annual meeting of our Association of the names of those who have departed in the year since last we met. And as we look about during such a simple service, let us give a thought to the one whom we happened to know a bit better than any of the others, and yet to think equally of all, as of men who have done their duty as physicians as they saw best how to do it.

Print, if there is a call for it, the record as read in the Association meeting after it has been spoken aloud, but do not bury it in the oblivion of a report printed previous to the meeting, and with you to read it all alone by yourself. The Association needs a mutual reading, a mutual remembrance once a year, at least, of former members, humble or distinguished, as the case may be, and that can only be accomplished by directing that the report of the Necrologist shall precede, on the program for the afternoon of the President's address, his yearly message. In that way only, and chiefly, and most deservedly, you can give a brief thought to the departed members, and to those whom you happened best to know. Having then and there done your simple duty to your past comrades in medicine, you can listen to the recommendations for the future from the President of the day.

J. A. S.

Notes.

FROM THE NATIONAL COMMITTEE FOR THE PREVENTION OF BLINDNESS.

Two weeks after the inauguration of courses for the preparation of teachers for sight conservation at the state university and the state normal school, Maine has the nucleus of an army of crusaders against blindness which gives promise of wiping out in this state the preventable causes of this serious and common handicap.

Approximately one hundred picked teachers—one from each school district, and all looking forward to becoming rural supervisors—have taken the special course in sight conservation offered at the normal school at Castine this summer as the result of a co-operative arrangement between the normal school, the Maine Public Health Association and the National Committee for the Prevention of Blindness, whose headquarters are in the Russell Sage Foundation Building, New York City.

Mrs. Winifred Hathaway, secretary of the National Committee, who came to Maine to give the course, first at the University of Maine

and then at the normal school, found such a warm interest in the subject that she has acceded to the request of a group of rural Red Cross nurses for special classes in addition to the classes at the university and the normal school. There have also been a number of conferences at which Mrs. Hathaway has explained to the teachers, social workers, and health workers of this state the need for conservation of vision activities, particularly among children. As a result of the interest in the prevention of blindness aroused by Mrs. Hathaway's visit, and of the actual information concerning the most modern methods of sight saving which has been gained by the teachers and nurses of the state, school children of Maine, when they come back to their classes in September, will be taught not only the three R's and other usual school subjects, but also how to avoid eye strain, eye accidents, and eye infections.

At the same time the National Committee for the Prevention of Blindness is working on the problem of saving the sight of children from another angle. Under the sponsorship of the Illuminating Engineering Society and the American Institute of Architects, and in co-operation with a score of other organizations, the National Committee is drawing up a new code of school lighting. When this code has been completed and approved it will be possible for every school in the State of Maine to secure without cost a plan of school lighting which has been drafted by the country's best illuminating engineers, school architects, and students of the social, health and education problems of schools.

The National Committee has always felt that one of the best ways of keeping the eyes of youth bright and useful was to interest the children themselves in the care of their eyes. To intensify the efforts that have been made in this direction during the ten years of the existence of the National Committee, there has recently been organized the Junior Committee for the Prevention of Blindness. Any boy or girl is eligible for membership in this committee, which carries with it a Junior News Letter and a series of children's stories, in which the value of sound eyes is told indirectly, but clearly.

Book Reviews.

International Clinics.

(Vol. II, Series XXXIII.)

We have received the above volume filled with valuable papers. The first to which we all will naturally turn are the four on insulin, first on its use in serious attacks of diabetes, a second on diet combined with insulin, a third on this remedy in general practice, and the fourth on practical uses of insulin. The one point brought out in all is that the majority of diabetics, when dieted properly, do not stand in need of the new remedy, and that with coma, or acidosis, or in patients who have dropped below their weight, and in gangrenous or operative cases, insulin is of great value. A careful reading of these papers enables physicians to speak authoritatively to the public, and to define to them precisely what insulin can do, and not to exaggerate rumors of a permanent cure as newly discovered.

A paper by Goodman on blood transfusion believes that this new method, by repeated small operations, will be of enormous value in hemorrhages or inanition, and he recommends that blood should be obtained from hundreds of public charges in the pay of a city. Donors could be provided with a personal number; bottles of blood with a trained technic could be quickly obtained by motor ambulances, and this system, he urges, should be introduced into every city.

An excellent paper is provided concerning a simplified diagnosis for practitioners by means of the X-rays, in many instances where experts cannot be obtained. The pictures appended are noteworthy for accuracy.

A very remarkable paper on local anesthesia in rectal operations shows how this difficult region can be effectively deadened, and all of the necessary operation painlessly performed without general anesthesia.

The longest paper is by Cumston on rarities in surgery, such as lymphadenoma of the testicles, ano-rectal hemorrhage, rupture of varicocele and cancer occurring in the second breast after successful removal in the first.

The numerous pictures in the entire volume add to its practical value.

This noteworthy book concludes with a delightful tribute of affec-

tions to the late John William Ballantyne, of Edinburgh, a lovable man and an extraordinary obstetrician, world-renowned for his recent paper on modern methods in obstetrics: to say nothing of others offered to the profession in abundance, for more than twenty years previously. This is a worthy conclusion to a volume replete with papers of the greatest practical value.

J. A. S.

U. S. Naval Medical Bulletin.

The U. S. Naval Medical Bulletin No. 6, 1923, offers papers on anthelmintic medicine, X-rays for bone tumors, hook worm studies, pulmonary symptoms referable to accessory sinus infection, local anesthesia, and editorials on safety in aviation, the proper attitude in golfing, syphilis and the lungs, and calls special attention to the dangers from fumigating apartments with hydrogen cyanide. Attention finally is called to the need for more young surgeons in the navy. It is also interesting to note that reports on the health conditions of every ship in the navy are handed in annually, and printed in the bulletin.

It would be worth the while for all physicians to take a look in on these monthly bulletins, which can be found at the editorial office of the JOURNAL, or, better still, might be passed around in a circulating medical book and journal club.

J. A. S.

County News and Notes.

FRANKLIN.

FRANKLIN COUNTY MEDICAL SOCIETY.

The Franklin County Medical Society met at the Stoddard House, Farmington, on May 25th.

Dr. John Moulton, of Stratton, and Dr. Thomas Croteau, of Jay, were elected to membership.

Dr. A. M. Ross read a paper on "Influenza" and Dr. G. H. Coburn read one on "Obstetrics."

The following officers were elected for 1923:

President—G. H. Coburn, M. D., Rangeley.

Vice-President—A. E. Floyd, M. D., New Sharon.

Secretary and Treasurer—G. L. Pratt, M. D., Farmington.

Delegates to Maine Medical Association—J. W. Nichols, M. D., Farmington; Alternate—G. L. Pratt, M. D., Farmington.

Censor for Three Years—Thomas Croteau, M. D., Jay.

G. L. PRATT, *Secretary.*

On July 27th, about thirty members and guests met at the Rangeley Lake House, Rangeley. After dinner Virgil Coblintz, Emeritus Professor of Chemistry at Columbia University gave a very interesting talk on "The Treatment of Cancer."

G. L. PRATT, *Secretary.*

FOR INFANTS

A COMPLETE FOOD

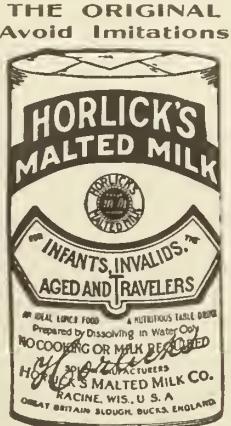
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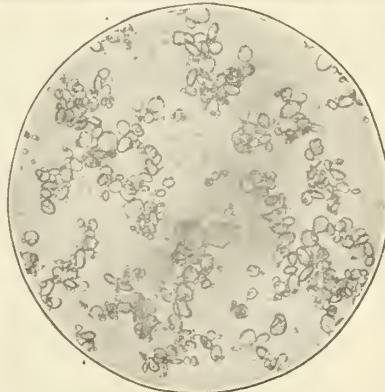
MERCUROCHROME

220

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Food Cells Exploded

For Easy Digestion

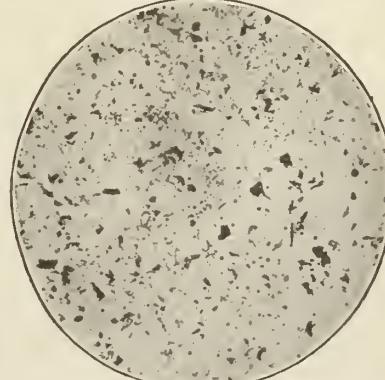
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Puffed Wheat and Puffed Rice are steam exploded grains. Over 125 million explosions are caused in every kernel. Thus the food cells are blasted for easy digestion, as these photographs show.

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You will find no other form of whole grains so enticing, so easy to digest.

Quaker Puffed Wheat **Quaker Puffed Rice**



SOMERSET.

SOMERSET COUNTY MEDICAL ASSOCIATION.

The annual meeting of the Somerset County Medical Association was held at Lakewood, August 2, 1923. Meeting was called to order by the President, Dr. O. J. Caza.

The records of the previous meeting were read and the following officers elected:

President—Dr. H. E. Marston, of North Anson.

Vice-President—Dr. R. C. Brown, of Pittsfield.

Secretary and Treasurer—Dr. C. E. Richardson, of Skowhegan.

The following new members were elected:—Dr. C. J. Strong, of Pittsfield; Dr. P. E. Gilbert, of Madison; Dr. Ethel Walters, of Fairfield; Dr. W. H. Walters, of Fairfield, and Dr. Edward G. Rowland, of Harmony.

Dr. A. C. Moulton, of Hartland, President of the State Medical Association, spoke on matters concerning the state organization, and Dr. Edwin T. Wyman, of Boston, read an able paper upon "The Artificial Feeding of Infants," with special reference to disturbances due to fats, carbohydrates and proteins.

Members present were:—Drs. Hopkins, Marston, Brown, Moulton, Ames, Tozier, Spear, Tash, Dascombe, Ellingswood, Robinson, Norris, Smith, Stinchfield, Sawyer, Milliken, Earle, Young, Caza, Richardson, W. H. Walters, Ethel Walters, Rowland, Strong, Gilbert, and Dr. E. H. Stevens.

Visitors:—Dr. Coombs, of Augusta; Dr. Lawley, of Arlington, Mass.; Dr. Wyman, of Boston, Mass., and Dr. Shaw, of Fairfield.

C. E. RICHARDSON, *Secretary.*



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THE JOURNAL

OF THE

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The Journal assumes no responsibility for opinions expressed by the authors.

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SEPTEMBER, 1923.

No. 2

*UNILATERAL HYDRONEPHROSIS.

By C. HAROLD JAMESON, A. B., M. D.

Unilateral hydronephrosis may be determined by a number of factors acting at any point from the ureteral meatus to the uretero-pelvic junction. The more common causes consist in extra-ureteral tumors, usually in the bony pelvis, acting by physical encroachment while the obstructing influence of a displaced or enlarged organ such as the uterus may be most important. Within the ureter itself the factor may be congenital valve formation or inflammatory stricture (Hunner), or calculus. At the upper extremity of the ureter an intermittent obstruction may be determined by aberrant vessels supplying the kidney. This latter type is almost always unaccompanied by urinary infection and comparatively difficult of recognition in its earlier manifestations. It is therefore worth while to consider the more important characteristics of this type of renal pathology, and to report in some detail a recent case.

Recalling the complex embryological development of the blood supply to the kidney with the actual labyrinth of vessels that exists temporarily, one readily understands the *raison d'être* of the anomalous vessels that are encountered frequently in the course of surgical procedures about the renal pedicle. Not all anomalous vessels are so situated as to embarrass urinary drainage, though such is the case not infrequently. The obstruction is intermittent, favored no doubt by

*Report of a case due to anomalous renal vein.

slightly increased mobility of the kidney, and being intermittent is slow and insidious in its destructive influence upon the renal cortex and consequently upon the functional integrity of the organ.

In regard to the frequency of this type of case it is impossible to state with definiteness. Certainly they are not of rare occurrence. During a three-year surgical service in the Peter Bent Brigham Hospital, of Boston, nearly twenty cases were seen, a fair percentage of these being admitted on the medical service as obscure cases of abdominal pain for diagnosis. During the past five months' work in general surgery in this community, one proven case has been relieved by operation and a second case almost certainly of the same nature has been seen, though the latter patient has so far refused complete examination.

Of the cases previously encountered, more than 75 per cent. have previously undergone one or more operations directed upon appendix, uterus or adnexa, with the hope of discovering the lesion responsible. Exploratory operation upon the kidney itself has been futile where the condition has not been at least suspected prior to interference, for nephropexy, to which the surgeon usually resorts in such cases, has accomplished no more than temporary relief.

In general, the following features are rather characteristic of the group. Recurrent attacks of severe pain on the affected side of course comprise the chief complaint of the patient. Its location is frequently well posterior in the loin, although almost as commonly anterior beneath the costal margin. Radiation is almost always absent. Nausea and vomiting from severity of the pain is the rule. Chills are absent, as is fever in more than a very slight degree. Urinary symptoms are almost invariably lacking except in the most advanced cases, where one rarely can elicit a history of periods of oliguria followed by a "flood" of urine, a condition which most textbooks describe as characteristic of hydro-nephrosis. Urinanalysis usually finds no deviation from normal save for the occasional very faint trace of albumen. Physical examination discovers little of positive value unless the condition has progressed far, when one may find a palpable tumor in the region of the affected organ during the attack, or there may be some local tenderness of the kidney during the temporary obstructive phase. For relief of pain few aids are known to the patients. They often have obtained some comfort by exerting local pressure over the kidney, and not uncommonly have obtained relief by lying on the affected side. Otherwise they must rely upon morphia subcutaneously or less often upon general anaesthesia, ether or chloroform.

The age of onset of symptoms is characteristic. Almost invariably the first incidence of pain occurs about the age of adolescence. In only

one patient out of the small series observed by the writer did the paroxysms begin after the age of 20, that patient denying attacks previous to the 26th year. Neither sex shows a greater predisposition to the condition. The recurrence of attacks is at infrequent intervals, at first being perhaps several months or rarely a year apart. They usually become more frequent until they may be separated by not more than a week or ten days. Unusual physical exercise is often a predisposing factor to an attack, but they may develop during a period of complete rest, even of sleep.

With recurrence of the obstruction there is an increasing degree of distension of the pelvis, both extra and intra renal, until nothing remains of the kidney but a flabby sac with a shell-like cortex. It is rather remarkable that these cases do not become infected, but the intermittent nature of the obstruction is the saving feature. The addition of infection to the condition would undoubtedly facilitate the early diagnosis. The need of early diagnosis in these cases becomes obvious when one considers the progressive destruction of renal function that is inevitable until the condition is relieved.

The following clinical case is presented in some detail, inasmuch as it is in general quite typical of its class.

On April 3, 1923, the patient, H. P., a robust boy of 19, was referred to the writer at the Silsby Hospital by Dr. A. F. Green, of Camden. In the summer of 1921 he had first noticed an "uneasy" feeling in the left loin, so slight that he is unable to supply any definite description. He had previously enjoyed perfect health and recalled no known injury except for the minor contusions sustained while playing baseball and football. In April, 1922, the first characteristic attack occurred, similar to subsequent ones, which have varied only in severity. The initial or prodromal symptoms have been invariably the same like the aura of epilepsy. For a few hours there would be an uneasiness in the left flank, not amounting to pain and not sufficient to prevent sleep, though he might be awakened in a few hours by agonizing pain localized well posterior in the loin without radiation. Vomiting would set in and continue without abatement or relief throughout the attack. Otherwise no accompanying symptoms directing the attention to any organ or system of organs were described. Urinary symptoms were strikingly absent, despite careful quizzing. There were no floods of urine nor any periods of oliguria. During the paroxysms no local applications afforded relief. Morphine in generous doses only alleviated the pain slightly. Some local tenderness and lameness beneath the costal margin anteriorly occurred during the attacks and persisted for twenty-four hours afterwards. During the attack there might be slight fever, but not over

100° F. After eighteen to twenty-four hours the vomiting would cease, followed shortly by relief of pain. For the next twenty-four hours he might feel weak, but thereafter quite well until the next attack.

Since the attack in April, 1922, the recurrence has been progressively more frequent. The second attack occurred about one week after the first. During the summer of 1922 there were four at intervals of from two to four weeks. There were four attacks in October, after which he was free until late December. Four attacks were recalled in January, none at all the next month, then three severe attacks in March. The most recent paroxysm was seven days prior to his admission to the hospital.

Questioned in regard to the exciting cause of the attacks, the patient could hazard no plausible guess. Occasionally their appearance following a hearty meal had suggested a possible relation, but there was no regular connection. Physical exercise had no definite relation.

In search for possible diagnosis roentgern-ray examination of the kidney region was made at the Knox County General Hospital about a year ago, but nothing abnormal was demonstrated. Frequent urinary analyses showed nothing abnormal in that respect. A special examination by Dr. F. N. Whittier, in October, 1922, showed a faintest possible trace of albumen, and numerous crystals of uric acid. Sometime this winter Dr. N. A. Fogg, of Rockland, was consulted by Dr. Green, and it was recommended that special investigation of the kidney be made.

On admission to the hospital the above history was obtained, and the patient found to be in excellent general physical condition. There was no tenderness in the region of either kidney, although the right kidney was barely palpable. Over the left loin was a broad area of brownish discoloration from repeated applications of iodine. Voided samples of urine were normal in all respects. By the red test the two-hour renal function was 60 per cent.

On April 4th cystoscopy showed a normal bladder with ureteral orifices, normal save for a relatively sluggish function on the left. Catheters No. 5F were passed 30 cm. on either side with no obstruction. The output from the right side was of normal character, that from the left, however, was a rapid constant flow of pale urine, with low specific gravity characteristic of hydronephrosis. After intravenous injection of 1 c. c. of sulphon-phenol-phthalein the dye appeared from the right side in six minutes and was excreted in strong intensity, while from the left side no dye came through for twenty-five minutes. Intense colic on the right necessitated the withdrawal of that catheter before completion of the test, but it was evident that this kidney was quite normal as far as function was concerned. After the first appearance of dye on

the left, it came in sufficient intensity to indicate the preservation of a gratifying degree of function on this, the pathological side. Injection of 40 c. c. of 15% sodium iodid was then made to fill the renal pelvis on the left, and the pyelogram shown in the accompanying print made. The sediment from the divided specimens was normal to microscopic examination. In the pyelogram (Fig. 1) the sharp contour and abrupt beginning of the dilatation of the pelvis should be noted.

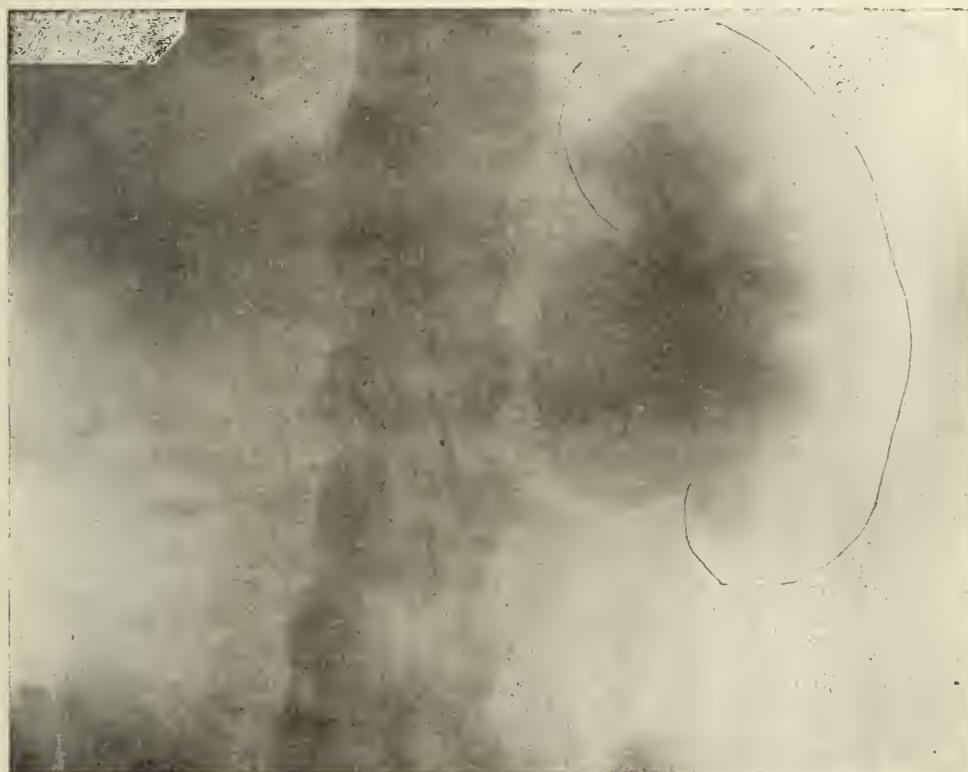


FIG. I. Pyelogram from the case reported. The ureter catheter is in place. Note the clear-cut definition of the dilatation of the extra-renal pelvis; also the thinning of the renal cortex, particularly at the lower pole. The entire kidney is larger than normal.

On the basis of the history and X-ray findings, a diagnosis of hydronephrosis due to blocking at the uretero-pelvic junction was made and operation advised. Because of the brief duration of symptoms and the evidence of dye output from the diseased kidney, it was predicted that nephrectomy could be avoided, and that either a plastic operation on the pelvis or else division of the obstructing vessels would adequately

remedy the condition, and at the same time conserve valuable if reduced kidney function.

The patient left the hospital, returning April 8th for operation the following morning. He went to sleep by 9 P. M., but was awakened two hours later by a characteristic attack of pain, with associated vomiting, but little relieved by morphine. The following morning he was so weakened by pain and so dehydrated that operation was postponed for 48 hours. Pain subsided about noon on the 9th, and a slight tenderness and aching sensation persisted locally. Temperature was 100.2 and pulse somewhat accelerated. The following day the discomfort increased and at 1 P. M. an unsuccessful attempt was made to pass a

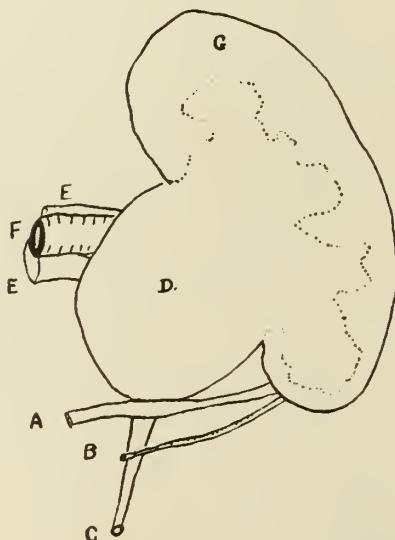


FIG. 11. Diagrammatic representation of left kidney as found at operation in case reported: A—Anomalous renal vein obstructing at uretero-pelvic junction; B—Small anomalous renal artery; C—Ureter; D—Dilated renal pelvis; E—Principal renal vein; F—Principal renal artery; G—Thinned out kidney cortex.

ureteral catheter to relieve the obstruction. Despite all efforts both with No. 5 and No. 6 catheter an impassable obstruction was met 26 cm. above the meatus and no urine issued. The patient was made as comfortable as possible and operation planned for the following morning.

Operation, April 11, 1923. Under ether anaesthesia, well administered by Dr. Green, the oblique incision was made to expose the left kidney, whose pelvis was found considerably distended. A small trocar withdrew about 150 c. c. of clear, pale urine. The renal cortex was thin at the lower pole, but in the central portion and at the upper pole

it was diminished probably less than 50%. The ureter was identified, and at the uretero-pelvic junction after careful dissection was demonstrated the obstructing factor. The chief obstruction was due to a tightly stretched vein measuring about 4 mm. across in its flattened condition, this vessel passing to the lower pole. An accompanying artery of very small calibre passed across the ureter also anterior, but apparently participating but little as an obstructing factor (Fig. II). The origin of neither vessel could be determined without unwarranted dissection. These vessels, being of unimportant functional value, both were doubly ligated and divided, after which it was satisfactorily demonstrated that no further obstructive factor existed. The wound was then closed, leaving a small rubber tube to drain the kidney fossa.

Convalescence was attended by somewhat more than the usual bowel distension. The drainage tube was removed after 48 hours, and there was at no time any urinary leakage. The patient was discharged from the hospital in excellent condition on the 17th day after operation. No subsequent pain has occurred since operation. Judging from experience in similar cases, the patient may confidently expect complete and permanent relief.

In general, the history in this case was typical. There was somewhat more vomiting than usual attending attacks. The onset of the pain during sleep was perhaps unusual. As always in these cases, the diagnosis is suggested by the history while actual demonstration of the pathology is to be found in the pyelogram. The treatment must be nephrectomy in the late cases where the organ is destroyed. In the earlier cases, division of the obstructing vessels is warranted where they are so small as to be of little functional value. Otherwise the indication is in favor of a well planned and executed plastic operation on the ureter, or transplantation of the ureter, so that further impingement by vessels is out of the question. In the above case permanent damage has been wrought but continued impairment is now prevented, and subsequently a valuable increment of function will be afforded by the less valuable left kidney. Conservatism and preservation of physiological function must be the goal of progressive modern surgery.

The Silsby Hospital, Rockland, Maine.

***WHO SHOULD PRACTICE MEDICINE IN MAINE.**

By CHARLES P. BARNES, Houlton.

Mr. Chairman, Dr. McDonald, Gentlemen of the Maine Medical Association and Practitioners of New Brunswick:

I should apologize in the first place for the fact that my address this morning will not be of exceeding interest to men from New Brunswick, because my topic is "Who Should Practice Medicine in Maine." As for the resident practitioners in Maine, I am delighted to meet you, and I shall be glad to meet you just as long as I can stand on my two feet and smile back at you. I will try to smile when that other time comes, but nobody will be deceived by the effort. It will not be a glad, welcoming smile; it will be a smile of resignation.

My topic is of great interest to me because I represent the other party to your business dealings. The time was when in business—the railroad business, for illustration—those who managed the business had little thought for the other party. Members of every profession, so far as we can judge, were, in the early days, interested only in the goal towards which they were aiming, and the results of their labors, in many ways, were not of interest to this other party, the public. However, the medical profession is an exception to the general rule in that regard, for the public more and more is appreciating the fact, and learning that what we have by way of good legislation for the public relative to sanitation and health did not originate with the public, and was not foisted upon the profession, but originated within the profession; and the pioneers in your profession were far ahead of their day and generation, far in advance of public sentiment, in setting up certain rules under which we have progressed together. The public and the medical societies in all states should go hand in hand, the medical society leading his younger brother, just a little, along the way.

My topic is "Who Should Practice Medicine in Maine." The printer should have closed the sentence with an interrogation point, and it is a question addressed to you. Now I want to comment on it, and it must be very briefly, from the standpoint of one who has had some experience in legislation, because I am thoroughly satisfied that the situation in Maine is not what it should be. Prior to 1895, the question was not asked, who shall practice medicine in Maine. Since 1895, it has been licensees only, or the statute has been written so that it might have been licensees only. If you should adopt my point of view, with-

*Remarks of Hon. Charles P. Barnes before Maine Medical Association at Houlton, Maine, June 6, 1923.

out my giving any reason for it, in order to save time, that the situation in Maine is not all that it ought to be, many men would suggest that much could be learned by studying the situation in the forty-seven other states in the Union, but a careful study of their licensing boards, from the best and latest information I could acquire, has led me to the conclusion, strange to me, that the variety among the states is infinite. Now the last statute of Massachusetts that I saw says that anyone in that commonwealth is deemed to be practicing medicine who practices medicine in any form. If you can get a definition that is broader than that, perhaps they would print it. If you can find a definition in the statutes of any state which could be determined in court, frame it for a curiosity. In some of the states, in an attempt to place the interloper where he should be, a very long and careful definition has been written into the statute books as to who is practicing medicine, and specifically those who treat ills, both bodily and mental, are mentioned; and, as in Maine, in some of the states, one who affixes to his name certain titles is, under the statute, a practitioner of medicine. So that we cannot learn from a consensus of the other forty-seven states what is the proper course, and we cannot learn from any one; we cannot adopt the statement of any state as best.

The question of who should be licensed to practice medicine in Maine would not be settled by the fact that twenty-four states of the Union accept the National Board certificate, while just twenty-four states do not. It is a 50-50 proposition on that. I apprehend that when committees from the medical society, with their counsel, in any state, have set them down to formulate a statute the lead of politics has come into it. I can see the result of this in many statutes. For illustration, a state whose term of office for members of its licensing board is as short as two or three years has a statute that was written by men who had politics in mind, and a state that has prescribed a term of office of eleven or twelve years may find itself some time in the position where it wishes this statute could be revoked and men could be retired from the licensing board, on pension. These are situations that may be expected to arise in ordinary daily life.

Illinois had what, to a legislator or to a pretty well-informed man, would be considered a very nicely arranged statute, and in 1921 the Supreme Court declared it unconstitutional, and she is set back under the statute of 1899, until the legislature meets and remedies the matter. There is agitation in other states in this connection. In 1921, 1919, 1918, 1917, 1916, different states rewrote their statutes, and so my criticism, if it is justifiable, is not at all strange.

Furthermore, gentlemen of the Medical Society, it would be a great

misfortune if we had a perfectly framed, a completely acceptable and entirely satisfactory statute, for so surely as science is expanding and growing, and we are pursuing knowledge a bit further all the time, so certainly must we enlarge our horizon and its artificial limitations.

Again, in Maine and the other New England states, a licensing board has been provided in every case, but in the most recent experiments in some of the mid-western states something entirely novel has been suggested. Idaho, in 1919, turned over to a Department of Law Enforcement the licensing of practitioners in medicine, getting at it wholly through punishing the interloper, building a corral, keeping the goats from the sheep. Illinois, in 1917, enacted the statute just determined unconstitutional, turning examination over to a Department of Registration and Education, having under its control all servants of the state who are subject to registration, M. D.'s as well as others. Pennsylvania has a workable law (passed in 1921), apparently, and a well-framed one at any rate, and her physicians are under the Board of Public Instruction, while Washington state, in 1919, turned the matter over to the Department of Licensers.

Now a layman, just guessing at it, would say that the object in those four states was rather revenue and political subserviency than the benefit of the public. In three states, Iowa, New York and West Virginia, the idea of the Public Health Bureau as a department of state, the idea of perfecting midwifery, hygiene, sanitation, the safeguarding of his birthright for the baby, seems to be foremost, for Iowa says that her licensing board shall be the physicians of her State Board of Health. A physician on the State Board of Health is not likely to be a practitioner, and quite likely may be a theorist and one who magnifies another side of your many-sided profession. New York turns it over to the Regents of the University of the State of New York, and West Virginia in 1921—do not forget that old Virginia is the mother of excellent legislation—West Virginia has turned the matter over to her Public Health Council. But only six per cent. of the states of the Union have taken this advanced step. I speak of it as "advanced" merely as indicating progress.

There is no uniformity among the states that have retained the licensing board made up of physicians. They have as high as twenty-one on the boards in one state; they are down as low as five in several states. The term of office runs from five years to twelve years. They are appointed generally by the chief executive of the state. In many instances—and a layman would say that this was a proper method—the governor is limited in his choice to lists selected by the medical societies. In some states, following the fashion established by Jefferson and Ham-

ilton, the governor in his appointment is limited by the problem of whether or not the senate of the state will confirm. Generally speaking, boards of from five to twelve in number, serving from two to seven years, and appointed by the executive, is the American fashion at present.

The question has arisen within a few years, judging from legislation in a great many states, as to what is medicine, and who are practicing medicine, and the attempts on the part of the states to answer that question so that law enforcement officials can follow and make the discrimination that the legislature attempts to lay down are rather crude. There is no uniformity as to the definition of who is practicing medicine, or what is medicine. Under several statutes surgery is medicine, midwifery is medicine, osteopathy is medicine, chiropractic is medicine, eclecticism (if there is any limit to that word) is medicine, physiomedicalism is medicine, and in addition all the psychic phenomena of minds, both ordered and disordered, seem to be medicine. So, you see, if you were setting up now a class of men who should practice medicine in Maine during the next generation, the first thing you would have to do would be to define medicine, and you would go quite a way afield before you would find a better definition than the Maine statute gives.

Now it is very apparent that for some years past there has been a difference of opinion between these men who are practicing what each for himself chooses to call medicine, so that it is specified in some of the states that no one school of medicine shall have a majority on the board. It is specified in many of the states that there shall be three regular physicians (I have not time to determine what that means), one homeopath, one osteopath, and one of this and one of that or one of the other school. Evidently there is an uncertainty about it; and there are states in the Union that have three separate examining boards.

Now the public in Maine, if I know the pulse of the public, do not want you to go any further than you have gone in that line. The public is sick and tired of diagnosis that proceeds from no known rules. The public approves of treatment that is not altogether manual operation. The poor wretch, for instance, who is suffering the tortures of the damned, over his watch-pocket, and who has been treated by manual operation only, finds when he reaches a hospital, as he usually does, and a stab wound is made to relieve him of the pus that follows appendicitis, that all the agitation here set up by appendicitis was not allayed in the least by manipulation of the bony framework of the body. The sufferer may not appreciate this, but the post mortem reveals it. The public that reads newspapers is very decided on some things. There is a certain portion of the public whose ills are imaginary—I am referring now to their bodily ills—and there is a certain portion of the public who credit

themselves with having a greater area of mind, if I may put it that way, than the Overruling Power has really endowed them with. Now this portion of the public may create any cult that it wishes, and it may have to have its own peculiar physician; you do not need to be "fussed up" about it. But the public I am speaking of—the public generally, the public which slowly is being brought from a state of twilight out into the light where they can talk with you without asking you to interpret every word you use—has rights, and the public makes demands. Let me give you a concrete illustration of how great is the advance along simple lines, and in only a few years. When I was a youngster, nine or ten years old, it was first announced that there were such things as microbes. They were pictured then, and they are pictured now in many of the patent medicine advertisements, as being animals, and so were alluded to at that time. Of course you, and the rest of the younger men, never have heard them called anything except organic vegetable growths, but in the grocery store, right opposite our hotel, at that time, in two-gallon jugs, the grocer sold "microbe-killer" for us to take home and drink. Now, there are men here too young to remember that, and there are a lot here who probably will not be able to believe it, but I can introduce them to men who drank it then, and who would be mighty thankful to get it now [laughter] and demonstrate just what I have said. Now, I am not so old as you bald-headed men look. If, in my age and generation, the ignorance of the public was so dense that we bought, in earthenware crocks, microbe-killer, you see how tremendously the schools have advanced you fellows.

The public has a right to protection, and there is just one way to furnish it, gentlemen. You cannot leave it to interested parties to take this matter up, because those who are interested sufficiently to take it up belong to these peculiar groups. There is no other body of men to whom you can leave the question, and this uniformity of purpose that prompts you to act as well as you do in the majority of cases throughout the year puts the burden upon you to determine the answer to this question, "Who shall practice medicine in Maine?" We submit, in the first place, that you are the body competent. You cannot enact a law, but the public, through its legislature, will enact the law and if you look over the doings of the legislature of the State of Maine, so far as the reports of the committees go, at any rate, a well-formulated plan, brought in there and backed by resolute men, in just reasonable numbers, will get a favorable report from the committee. The public has come pretty near suffering two or three times because an apparently well-formulated plan, backed by very resolute men, frequently from outside the State of Maine, has come before a committee when you were

not represented there to oppose it. Now, those who have had experience in the legislature understand to what I am alluding, and I need not furnish a bill of particulars nor take up more time on this point.

The public of Maine, the great public, led by the thinking people of the state, are probably of the opinion now that there will be less damage done in Maine if the licensing board be one board. Now for a bit of practical advice. Take it from an old man, if you want anything done by the legislature of Maine, prepare it. If your wife wants you to eat the odds and ends that have been collecting in the pantry for the last two or three days, she very carefully, artistically and successfully *prepares* a hash. If you want things put through, prepare them.

One thing more! The boards of all the forty-eight states are having a tremendous tussle now with the next question, that is corollary to this, namely, what should be the educational qualifications? Now, if the Medical Association of Maine should at any time attempt to lower the qualifications educationally of those to whom we, the living tissue, are turned over for operation or treatment, why, God help you, in this world and in the next.

It is the inclination among groups to be just a bit cowardly. Did you ever notice that? There is an inclination, when men are working in groups, especially in public matters, not to go as far as they really should. The qualifications along educational lines should be high. Talk to me, nowadays, about anyone experimenting with live tissue who has not a pretty accurate and up-to-date knowledge of chemistry, and I will change the subject, and we will talk about the climate, or how many miles one can go on a gallon of gasoline, or other innocuous topics.

Keep the standard high. Do not be disturbed by any idea that the public is going back on the medical profession. Have you any doubt about the position in our hearts attained by your fathers? I wish I could recite to you some of my favorite chapters from Ian Maclaren's "Beside the Bonnie Brier Bush." I cannot read it to you because it is Scotch, and it has been well said that "Scotch is hard to read, though easy to dhrink." [Laughter.] You know some of our folks came from Scotland. I do not believe anybody in recent years has pictured the sentiment of the public for the physician with any such degree of skill as did Ian Maclaren when he told the story of Doctor MacLure. If ever you hear of a Scotch reader coming to town, get him to read something of Doctor MacLure. Here is the tale of a doctor of the old school, his day's work, the tale of his illness and the tale of his passing, and it will grip the human mind so long as folks speak English. It expresses beautifully the sentiment toward the family physician in the story of the cotter's wife, who was almost moribund, about to die,

and within whose body one of those malignant growths was working toward its fatal end which surgery had just begun to control, and MacLure, after exhausting days and nights, has to tell the husband that his wife must die, and then the honest old soul bursts out and says there's one man who could save her, one who has had ninety-five per cent. successes in this operation, but that he is the surgeon of the Queen, and the poor could no more think of getting him than "the mune oot o' heaven." Then he bethinks him of an old friend on the hillside who is possessed of some of the coin of the realm. He mounts his horse and he rides up to interview Deunsheugh, and after they talk about the weather, and the crops, and this, that and the other, the doctor urges the old money-lover to let him have a hundred pound note, and, this in hand, he wires the Queen's surgeon to come and see the cotter's wife back on the hill. It was just such a time as the last week of April here, this year, when the master surgeon of the Queen stepped out on the platform of Kildrummie in his furs, a splendid specimen of manhood. The doctor had swapped his saddle for a two-wheeled dogcart, but he had kept his mare, old as she was, because for years she had floundered through the drifts with him, and she had forded the raging streams under him. Finally MacLure and the famous surgeon came down to the brink of the swollen Tochty and the bridge was gone, and they must ford its swirling, ice-filled flood. There is a lot to it, where the doctor takes up from the floor of the dogcart the case of instruments, which he handles as I doubt not the sons of Aaron did the Ark of the Covenant, and places it on the surgeon's lap. Then the old mare plunges into the stream. Now, this surgeon of the Queen was not a man who was easily deterred, but half way through the wheel struck a rock under the mass of black water racing by, and he rose from his seat and ordered MacLure to turn back, declaring that he would be condemned utterly and eternally if he allowed himself to be drowned for any person. "Sit doon," thundered MacLure, "condemned ye will be, suner or later, gin ye shirk yir duty, but through the water ye gang the day." They got through, and they performed the operation, and MacLure goes out in the dark and dances the Highland Fling in front of the house, and then they go back to the station, and the stage driver hears the great Sir George tell this weatherbeaten old Scot when he refused the hundred-pound note, "Give' another shake of your hand, MacLure; I'm proud to have met you; you are an honour to our profession." It was told from house to house, over through those valleys and among those hills, as long as MacLure lived; and it was that same sentiment that, when he died one dreadful winter and the roads were utterly impassable, brought every male inhabitant of all the glen to his simple funeral.

Now, gentlemen, either you or your fathers earned this repute. You cannot lay it to the fathers much longer. It is up to you to maintain that sentiment in Maine, and you will do it by holding up to the citizenry of Maine that very high ideal. [Prolonged applause.]

*PRESIDENT'S ADDRESS.

By DR. S. H. McDONALD, St. John.

To the Officers and Members of the Maine and New Brunswick Medical Societies:

May I be permitted first to express my gratitude to the members of the New Brunswick Medical Society for the honor they have conferred upon me in making me their President, and also making possible the distinction which I consider is mine in speaking as their representative on this historic occasion. This occasion is indeed significant, it being the first time that our society has met outside the bounds of our native province and the first occasion that we have had the honor of meeting with you, our colleagues from Maine, in scientific deliberation.

For a long time confusion and doubt existed as to the exact boundary between the two countries. Many in New Brunswick thought that a large portion of Maine, including Aroostook County, should belong to us, and no doubt many in Maine felt that a large portion of New Brunswick belonged to Maine. Finally, when the boundary was settled by the Ashburton Treaty, it proved to be a political line only, and one of more importance to the customs officials than to the people, and in no way constituted a barrier. This is to be expected when we consider that our language is one, our ideals are one and our origin is one.

To go a little farther back in history, during the regrettable war of 1812 between Great Britain and the United States, by mutual agreement practically an armistice existed between Maine and New Brunswick, and Portland, Eastport and St. John lived up to the slogan, "Business as usual." It is a matter of congratulation that this unity, extending so far back, has found expression in such a pleasant and profitable function as the present one. It is to be hoped that this is but the beginning of fraternal relations between the members of the profession.

*Address given at union meeting of the Maine and New Brunswick Associations, June 7, 1923.

on both sides of our imaginary line, and at no very distant date that we, who are your guests to-day, may have the extreme pleasure of being your hosts in our native province.

The advances made by our profession in recent years are too many and varied to be enumerated. However, the one outstanding feature is that prevention is the watchword of the times, and if absolute prevention is impossible, then early diagnosis is the next important. With this end in view, greatly increased interest is being taken in public health. I am not qualified to speak of this subject in a general way, so you will pardon me if I limit myself to conditions as they exist in my native province.

We have to-day possibly the most advanced health legislation of any province in our great Canada. Our Minister of Health, the Honorable Doctor Roberts, is a member of the government of New Brunswick. Health officers have been appointed to every district. Health centers and clinics have been established for those unable to pay. Medical inspection of schools is carried on throughout the province with the best possible results. Energetic campaigns in the interest of public health are being carried on, even the moving pictures are pressed into this service and from all I am happy to say we are obtaining most excellent results.

Permit me, in passing, to refer briefly to our worst enemies, "The three great conquerors of the men of death," tuberculosis, cancer, syphilis. All three are being scientifically attacked from every angle, and it is no exaggeration to say that these great menaces to the human race are curable if diagnosis is made early. Our tuberculosis specialists say that acute tuberculosis, if diagnosed early, is curable, and with the present system of established sanatoria and advanced health legislation, early diagnosis is made more possible. So in the best interest of our profession I plead for more careful physical examination, more careful attention to what some consider unimportant symptoms, and in that way make possible the important feature of this condition, early diagnosis, remembering always that our tuberculous specialist considers every detail the one important fact in the history of the case.

In my native province, since the establishment of River Glade Sanitorium, with seventy-one beds, and the St. John County Hospital for the treatment of tuberculosis, with one hundred and twenty beds, we have been able in St. John County to gather a few rather interesting statistics. In the year 1910 the death rate in St. John from tuberculosis was 26 per 10,000. In the year 1921-22 the average was approximately 10 per 10,000. Further, in St. John at the health Center we have a free tuberculosis dispensary. Four clinics are held weekly and there

are four hundred patients under observation. These figures are in themselves rather startling, but only go to show what can be done, and we have hopes that with the co-operation of the Minister of Health and the profession, action will be taken throughout the whole province to further assist in the carrying on of this great work.

Cancer in its early stages is a local condition, and in a great majority of cases curable. Radium, X-ray therapy and free removal are our only weapons, but again how useless without early diagnosis. This is probably the biggest problem of the profession to-day, but each and every practitioner may help. More particular attention to all small lesions, careful examination of the small glandular enlargements, and, finally, by strongly advising all our doubtful female patients of a certain age to submit to a careful pelvic examination. These are advisable in the interest of early diagnosis. In this way the humble general practitioner will in a modest way be helping in the fight just as well as the famed pathologist doing research work in the laboratory.

In his recent work on syphilis, Sir Archibald Reid, of London, head of the Society for the Prevention of Syphilis, tells us that the spirochete *Palida* occurring in superficial syphilitic lesions, and the acknowledged cause of syphilis, is one of the most easily destroyed organisms. Pot. permanganate sol. 1-2,000, with calomel ointment 33%, was sufficient to reduce in the Plymouth Garrison syphilitic infections from 40% to 1%. Shakespeare says, "The Sea hath bounds, but deep desire hath none." Exposure is difficult to prevent, but with the above fact in view, we again remind that prevention should be the watchword of the day. There have been many strides forward in every branch of the profession of late years, and you will pardon me if I refer with pride to the discovery of insulin. We concede to our friends over the imaginary line that they have made and are making many advances in medical science, but we point with pride to the fact that a Canadian discovered insulin. The surgical lessons of the war have been of great assistance to our profession. To-day the pleural cavity has no fear for the surgeon, while it is almost within my own time that the abdominal cavity was only approached with fear and trembling. To-day, also, thanks to the advances of science and the frequency of Cæsarean section, our motherhood is further protected and those old mutilating operations to mother and child are no more.

In my introduction I spoke of the profit of such a meeting as this. While the papers, discussions and addresses in scientific subjects are replete with knowledge and information, in a far deeper and broader manner may profit be obtained. Let such gatherings as these weld us together, harmonize our differences, elevate our ideas, and here permit

me to plead and offer a suggestion for a greater unity in the profession. Unity is essential to good work, and thanks to the American College of Surgeons and their principles of standardization in hospitals, large and small, we have made a marked advance to a greater unity in the profession. It has been said that the profession might take a lesson for their own protection from the labor unions, and what a help this would be in dealing with the problem of the quack, the charlatan and the dishonest practitioner. Sorry I am to say that such conditions exist and there is such a being as the dishonest practitioner, but so it is and the problem must be faced. With a united and understanding profession these problems are more easily met, and again we will be doing our duty to our country and the public. At a recent meeting in St. John of the maritime branch of the American College of Surgeons, a meeting declared by Doctors Craig and McEachern to be one of the most successful ever held, it was suggested that the State of Maine might unite with the Maritime Provinces for future meetings. This was merely a suggestion but well worthy of consideration by our surgical friends in Maine.

In conclusion, let us then go back to our practices filled with the idea that we are members of a great brotherhood, a great priesthood, and let us so regulate our lives and our actions that we may attain that unity in our profession which is essential in the eyes of man to make it the noblest work of God. Let not our unity be restricted by the bounds of state, province, city or parish; let it be all embracing. Let it be such that all working together may meet and deal with the many problems confronting the practitioner of the city or the hamlet. Torn by dissension, mistrust and jealousy, our energy is dissipated. United in friendship and with a common lofty aim, no limit can be set to our achievements. [Applause.]

Necrology.

HENRY C. JEFFERDS.

Bangor, and Portland, Oregon, 1862-1923.

Dr. Jefferds was born in Kennebunkport, was for some years a member of our Association and practiced in Bangor. He left that place some thirty years ago, so that his name and rank as a physician are but shadows to us of to-day. There was a good deal of talk concerning his medico-ethical difficulties with Dr. Sanger, of Bangor, at one time, as printed largely in the newspapers of the day. He was a graduate of Yale University, a medical graduate of Jefferson, and after leaving Bangor, about 1885, he practiced for the rest of his life in Portland, Oregon. Mention is made in the JOURNAL of the fact of his recent decease as a historical item connected with the affairs of our Association once upon a time, and with Maine medical history. Some student of such history might find this brief item as a clue to Bangor medical affairs along in 1880 or thereabouts. J. A. S.

NEILL WATSON ROBINSON STRAW.

Portland, 1854-1917.

Owing to some misunderstanding at the time of the death of our former comrade in medicine, Dr. Straw, no notice concerning his career was ever printed in the JOURNAL of our Association, as it should have been. These brief remarks at this late date are to repair a defect in the long list of recorded lives of former active members of the Maine Medical Association.

Tall, commanding in appearance, forcible and expressive in features, he was a man of mark in any community. He came from Newfield, where he was born in 1854, the son of Daniel and Hannah Chadbourne Straw, studied medicine with Dr. Trafton, of Newfield, and Dr. White, of Gilman, and after a course of lectures at the Dartmouth School, he obtained his medical degree at Bowdoin in 1877. He practiced at Auburn for two years and then at Gorham, where he had for associates for part of the time the lamented Henry Hastings Hunt and Dr. Watson, who afterwards moved to Dover, N. H. When Dr. Hunt died, in 1897, Dr. Straw came into Portland, after preparing himself for city practice by post-graduate courses, and soon obtained a successful clientele. He was a man of genuine skill in medicine and attractive in personality, which drew about him many true friends. He was examining surgeon for pensions and jail physician for Cumberland County for a long period of years, belonged to many clubs, medical and social, spoke vigorously in medical debates, and left a record well worth remembering by his former associates. He married Miss Anne Ayer Moulton, of Newfield, and is survived by her and by one son. He died suddenly on Sunday, April 29, 1917, regretted by us all, and still remembered by his staunch and former friends.

J. A. S.

Notices.

NOTICE OF EXAMINATION FOR ENTRANCE INTO THE REGULAR CORPS OF THE UNITED STATES PUBLIC HEALTH SERVICE.

Examinations of candidates for entrance into the Regular Corps of the U. S. Public Health Service will be held at the following named places on the dates specified:

At Washington, D. C.,	October 8, 1923.
At Chicago, Ill.,	October 8, 1923.
At San Francisco, Cal.,	October 8, 1923.

Candidates must be not less than twenty-three nor more than thirty-two years of age, and they must have been graduated in medicine at some reputable medical college, and have had one year's hospital experience or two years' professional practice. They must pass satisfactorily, oral, written and clinical tests before a board of medical officers and undergo a physical examination.

Successful candidates will be recommended for appointment by the President with the advice and consent of the Senate.

Requests for information or permission to take this examination should be addressed to the Surgeon General, U. S. Public Health Service, Washington, D. C.

H. S. CUMMING,
Surgeon General.

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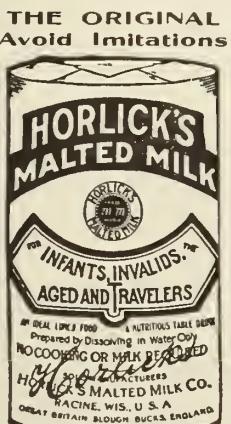
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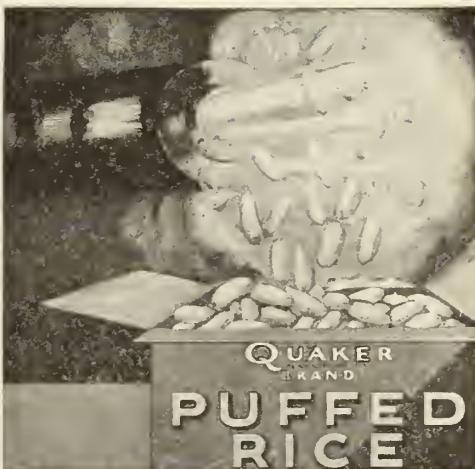
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Correspondence.

TREASURY DEPARTMENT INTERNATIONAL REVENUE SERVICE,
AUGUSTA, ME., August 28, 1923.

ADAM P. LEIGHTON JR., M. D.

Secretary Board Registration of Medicine, Portland, Maine.

Dear Sir:—Replying to your previous correspondence concerning the registration under the Harrison Narcotic Law, as amended, of osteopaths and chiropractors, I respectfully beg to advise that I have received a communication from the Deputy Attorney General stating that the statutes of Maine relating to practice of osteopathy and chiropractice prohibit such practitioners from administering drugs; therefore, such practitioners cannot properly claim that they are entitled to lawfully distribute, dispense, give away or administer narcotic drugs, and will not be allowed registration under the Harrison Law.

Yours very truly,

GEORGE W. TRAYNOR,

Department Collector.

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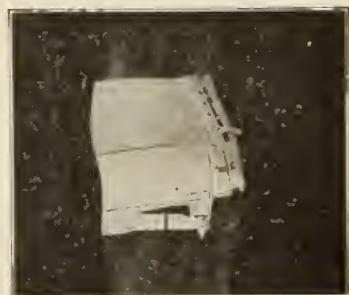
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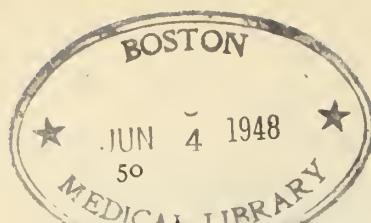
*CERVICAL LACERATIONS AND THAT SYMPTOM LEUKORRHOEA.

By ADAM P. LEIGHTON, JR., M. D., L. M. (Dublin), Portland, Me.

It has been to me a question of weighty import, for some time, why a recent cervical laceration of the uterus is not accorded the surgical attention that an ordinary wound in some other part of the body usually receives. Is it because the trauma is looked upon as trivial, or is it because the laceration is taken care of by nature and heals in the course of time by second or third intention?

It is true, a cervical laceration is not an extensive wound, nor does it ever appear as though it could cause harm. It is only occasionally that a tear in the cervix involves a vessel which requires surgical help to check the bleeding; otherwise, the trauma apparently presents nothing that calls for special attention. Furthermore, the healing of a tear usually will take place. Nature attends to that. However, when and how such healing is accomplished has so far been regarded with little concern. On account of the concealed position of the cervix, little, if any, interest is manifested as to what is going on at the top of the vagina. The physiologic import of a healthy cervix has attracted but little consideration. When we consider that the cervical cavity serves as a reservoir to the uterine cavity proper, and that its healthy state is absolutely essential to fecundity, it becomes clearly apparent how great an asset it is to the health of a woman.

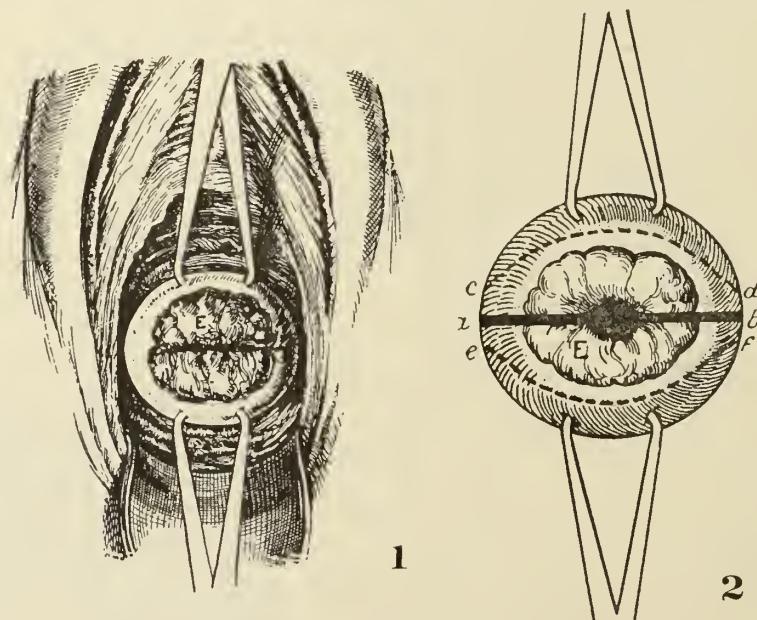
*Read before the Maine Medical Association, June 6, 1923.



MAINE MEDICAL JOURNAL.

Any open wound, be it a laceration of the cervix or a wound involving any other part of the body, invariably presents portals of entry for infection. Such wounds in our present enlightened surgical state usually receive very prompt attention, not only to hasten healing, but also to minimize the amount of cicatricial tissue formation.

Let us take, for example, a wound of the abdominal wall incurred by operation for pus in the abdominal cavity. After the suppurative process has ceased, which is usually in the third or fourth week, and granulations are well established upon the wound surface, it would not be up-to-date surgery to allow this wound to



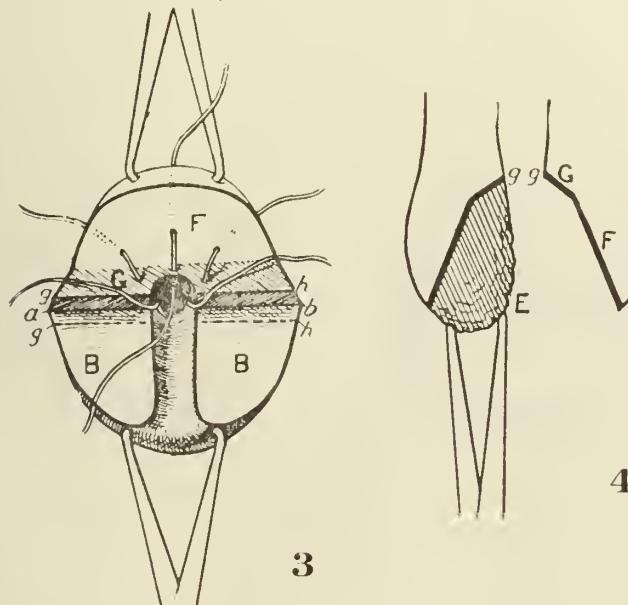
heal without giving it proper surgical help. The surgeon would draw such a wound together with sutures, thereby establishing a firm closure in about a week. If such a wound had been left to nature, healing would have taken place, but it would have required three weeks to form a cicatrix consisting of a mass of connective tissue.

Cervical tears do not differ much from such wounds. Their behavior is almost identical. There is perhaps this difference: A cervix, after having passed through the onslaught of labor, not only presents lacerate wounds of a diverse nature, but it also shows evi-

dence of being much bruised and swollen. Tissues in this condition must not be subjected to surgery. No good could accrue and harm might result.

A cervix traumatized at the time of childbirth will, in the course of a few days, be bathed in the lochial discharge. Such a discharge is foul and purulent, usually harboring microorganisms sufficiently virulent to inoculate an infection upon the wounded surface. This infection is most commonly of a mild type, because primarily the vagina and the uterus of a normal pregnant woman are free from pathogenic bacteria.

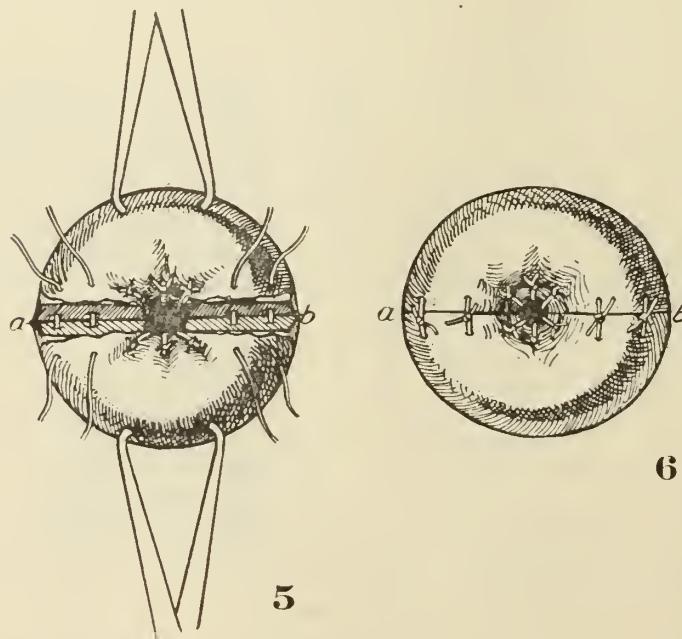
With the cessation of the lochia, which is usually in the third or



fourth week, the genital parts directly concerned in labor have in a fair way assumed their normal state. However, the fact must not be overlooked that muscle tissue so compact as that of the cervix, when subjected to severe bruising, requires time for recovery. An additional four weeks will generally find the cervix in a tolerant condition, so that any surgical procedure performed on it will not be met with defeat. By this I mean, not the performance of a classic trachelorrhaphy, for such a procedure at this time would be out of place, but merely bringing together the flaps of the torn cervix, and securing them with catgut suture after the granulating surfaces have been refreshed by gentle scraping. This is an operation of minor

importance and requires no general anesthesia. It does not confine the patient to bed, and only twenty-four hours of quiet are enforced. No after-treatment, excepting the giving of an occasional cleansing douche, is required. This operative procedure has been very properly called by Dr. Herman J. Boldt, an intermediate trachelorrhaphy.

Too often after forceps delivery or other obstetrical operations, where we unfortunately acquire a perineal tear, do we bend our energy towards a perfect anatomical repair of the perineum and forget the probability of a cervix laceration. It is easy to repair the cervix at this time except in those cases where the patient's general condition, following our operative procedure, precludes the possi-



bility of both cervical and perineal repair. In such cases, or any case where obstetrical trauma has caused a deep cervical tear, we should, at the end of involution, freshen the surfaces and draw them together with suturing. It is easy, as I have said before, and I am certain that in many instances I have obviated the necessity for those distressing symptoms which follow in the wake of extensive cervical tear.

Now let us ask this question: Has this intermediate trachelorrhaphy any material worth? If we can attribute, either directly or indirectly, certain gynecologic and neurologic sequelæ to a cervical

tear and can demonstrate that such disturbances can be obviated wholly or partially by an intermediate cervical repair, then the question must be answered in the affirmative. However, if this cannot be demonstrated, then the question must receive a negative reply.

It has long been a matter of much interest to me why so many women, who have been well and strong, free from aches and pains before having given birth, should develop soon after their first-born a condition entirely foreign to their former selves.

A cervical laceration is an injury which, like any other trauma, causes the tissue so involved to suffer from a lowered resistance. Nature in its efforts to heal such a trauma will unbend its energies to accomplish some sort of a result.

Let us, for instance, consider the most common pathology of the cervix uteri, an erosion. The lesion is the outward sign of changes in progress throughout the cervical canal. It is the result of an endocervicitis most frequently caused by a laceration which nature could not satisfactorily heal. These lacerations are not deep, and are usually of a stellate variety. Nevertheless, we have here a trauma which has created a fertile surface for the reception of toxic products. The pathology of this condition presents itself in a rapid moving picture from the stage of subepithelial lymphocytosis to the stage of subepithelial fibrosis. As a result, there is established a leukorrhea, a glossy, semi-fluid, tough, mucus discharge, produced by the follicles. When this mucus is mixed with the creamy-colored vaginal secretion, it becomes whitish, and is known by the laity as the "whites." Nature is unceasing in its efforts at repair, and often the discharge progressively diminishes as the glands become occluded through tissue hypertrophy. Such a state establishes a permanent change in the cervical tissues and creates a condition that invites further trouble.

A well-established cervical erosion causes pain in the lumbosacral, hypogastric and ovarian regions, and oftentimes down the thighs. A nuchal pain is not infrequent. The lateral variety of cervical tears, on account of their location and their depth, forms a very important chapter in cervix pathology. When a lateral tear reaches into the zone of vaginal attachment, the efforts of nature will scarcely succeed in causing such a wound to unite without the formation of a large amount of fibrous tissue. This does not happen when the tear is in the body of the anterior or posterior lip. The reason for this must be sought upon a mechanical basis. Be it a lateral or bilateral tear, the tendency for the lips to gap is great. This is augmented when the patient gets up, by the intraabdominal pressure

driving the cervix against the posterior vaginal wall. This pressure forces the lips of the cervix asunder, and eversion of the lower part of the cervical canal is the result. By this eversion the mucous membrane of the cervix becomes exposed to friction and to pressure. Such an open wound cannot escape infection, and in the course of time the two cervical lips give evidence of enlargement and induration, commonly designated as a hyperplasia or a hypertrophy of the cervix. Associated with this pathology we invariably have at one time or another, or constantly, according to the general health of the patient, the cervical erosion and the leukorrhea.

If pathologic conditions were to find their limit here, the future comfort of the patient could be given a better assurance. However, on account of the lowered resisting power of the traumatized cervix, other morbid conditions will align themselves. A laceration of this character is a common cause for the uterus to remain enlarged and congested. It is a direct hindrance to its pathologic involution, thereby greatly arresting nature's efforts to heal these tears. Such a condition of prolonged congestion is prone to produce alterations in the myometrium. The musculature of the uterus will eventually become relaxed and softened, causing the organ to lose its stiffness, thus favoring flexion. Later, on account of its abnormal size and weight, a retrodeviation becomes almost inevitable.

Not an unusual accession to this pathologic picture is a chronic endometritis, this condition being encouraged by its close kin, chronic endocervicitis, after the natural barriers to infection about the internal os have been broken down.

A chronic endometritis, although not a common affection, invites a pathology very deleterious to the myometrium. It is characterized by a diffuse fibrous overgrowth and a corresponding muscular degeneration. Eventually it creates a condition known as fibrotic metritis. A uterus so afflicted is tender and soft in the earlier stages, becoming hard and painless later. Leukorrheal conditions are always present, the enlarged corporeal glands frequently occasioning a watery discharge, especially marked just after the period. The menstrual loss is excessive and is accompanied by an aching, bearing-down pain referred to the lower abdomen, sacral region and vagina. The dyspareunia, which is frequently complained of when the uterus is tender, is likely to prevent conception. Allowing liberally to the walks of life and the state of health these women might be in, my observation has been sufficiently convincing to make the definite inference that a lacerated cervix, when left to nature, exercises a harmful influence upon the general health of most women. When a lacerated cervix is

repaired within six to eight weeks after childbirth, it has been my experience that such a repair will be a potent factor in maintaining a healthy balance in the economy of the women.

Having cited the principal pathologic changes and mechanical deviations that frequently manifest themselves as direct sequelæ to a cervical tear, permit me to somewhat broaden the limit and dwell upon certain neurologic phenomena that depend for their origin upon such morbid changes in the sexual apparatus as have been enumerated.

It is a question with me whether or not a gynecologic disorder can produce a purely neurologic disease. When we speak of a reflex neurosis, we simply pass beyond the horizon of our knowledge. It is a convenient way of designating the manifestations of nerve-energy exhaustion. However, as long as there is a gynecologic pathology and a nervous system, reflex disturbances will be recognized by the gynecologist, and it will always remain a diagnostic problem to interpret rightly those nervous symptoms associated with minor lesions of the female reproductive organs from those of a distinctly nervous origin.

The equipoise of a woman's nervous organization is very unstable. A slight jarring may disturb the balance of healthy action, causing the nervous force to wander off in strange paths, and in its erratic play reveal various nervous phenomena, such as irritability, temperamental vagaries, nemooses, periods of depression, extreme headaches and backaches.

There are few women who have a nervous system of a normal type. There are many who have congenital or acquired defects in their nervous organization. The latter obviously manifest greater reaction and more pronounced protean symptoms than the former, under the strain of a physical irritation. The protean symptoms come not from the uterus, but from a weak nervous system whose nerve tone was not strong enough to cope with the excessive irritability caused by a cervical disease. Under such a condition it is the nervous manifestations that should draw attention to a lesion of the cervix.

The sympathetic nervous system is always alert to make the most of any physical irritation, and with the aid of the endocrine glands may readily create a complex of reflex symptoms which may work psychic and physiologic havoc in a woman whose nervous organization is weak. Women under such a persistent tension, and hereditarily inclined toward a neuropathic disposition, are able to resist pain less, brood more over their ailments, fear more for the future,

and are less able to judge calmly. Hence they feel more acutely, and readily increase their troubles by fixing their attention upon them. They imagine that they are going to have other diseases, and ultimately become confirmed neurasthenics.

Another phase of this subject may weave itself about the woman having a strong nervous system, the so-called "normal type." It is assumed, and correctly so, that a cervical lesion, although producing definite local symptoms, will in a woman with a normal type of nervous organization cause no reflex symptoms. Nevertheless, if this woman has a leukorrhœa, which she may regard without concern for the first few months, but finds that the discharge is becoming aggravated, the barriers that keep her nervous system in normal balance will eventually weaken, and sooner or later she will become obsessed by psychic influences that in every respect will parallel the condition of the woman with a weak nervous organization.

There is no doubt that continual pain or discomfort makes a weak nervous system weaker, and that anxiety about supposed disease makes a nervous patient worse.

When we endeavor to sum up the different factors responsible for these neurotic manifestations, prominence must be given to a psychic element, that is, fear, acting on a mind already taxed by the existing pregnant state. The mental factor co-operating with the exciting fear factor over a period of many months must unquestionably produce an amount of strain. Under such a worry, a lowered resistance of the nervous force must result, thus making it the more easy for an irritation factor in the sexual apparatus, such as we find in the cervical lesions, to become potential in disturbing the balance of healthy action, even if the woman has a nervous system of the normal type.

When such nervous phenomena manifest themselves in a young mother who before giving birth did not exhibit such protean reflex symptoms, it must be inferred that the key to these disorders will most likely be found in a damaged sexual apparatus, traceable principally to a lacerated cervix and its associated lesions. It is therefore pertinent to assume that an early repair of a cervical lesion, such as is usually caused by childbirth, is the logical solution in anticipating endocervical disease with its distressing neurologic sequelæ.

Having strayed into neurological discussion with boresome detail, I shall, in conclusion, simply state that, to my mind, trachelorrhaphy for repair of deep cervical lacerations is an operation obviously indicated, and in my experience, limited as it may seem to you, the operation illustrated here behind me to-day gives most perfect

results in nine cases out of ten, of erosion, cervical ectropion, chronic endocervicitis and in those lacerated cervices accompanying those pathological abnormalities or actually causing same.

I know of no symptom of gynecological disorder for which we are consulted more often and relief desired than for leukorroœa, unless it is dysmenorrhœa. I know of no condition to which such a little amount of consideration is given. I know of no condition which presents the difficulty in treatment and the little response to same as does leukorrhœa. Leukorrhœa is usually the external appearance of a symptom which reveals erosion through vaginal observation.

So-called "local treatment" with iodine, silver nitrate and phenol, combined with douches, gives unsatisfactory results. A superficial erosion and some cases of endocervicitis can be healed by this method, but I have come to the realization that surgical treatment of the eroded, chronically inflamed cervix presents the only rational method of eradicating this inconvenient and filthy symptom.

If you are content to insert glycerine and ichthyol tampons, after application of iodine, to cervices week in and week out, and prescribe douches as a daily routine, to my mind your conscience should bother you, for while good financial results ensue, and maybe temporary relief is gained, no real good can come until the diseased tissue is removed surgically.

How often do we see erosions heal after application of iodized phenol or strong silver nitrate solutions, only to break out afresh after the next menstruation. We heal over the surface of the erosion, but do not destroy the glandular tissue beneath, wherein lies the focus of infection.

This operation, which I take the liberty to show here, offers relief, in that the cervix is rid of the lacerations, the erosion formed about the external os, and most of the diseased mucous membrane of the cervical canal. The cervix is shortened only slightly, and it heals into a smooth conical shape. Subsequent pregnancy is not hindered, and the mechanism of labor is not interfered with in the slightest, this criticism of others to the contrary notwithstanding. Amelioration of the symptoms coincident with cervical laceration and erosion, mentioned earlier in this paper, is the rule.

*THE SEPTIC EAR.

By W. D. RANKIN, M. B. C. M., F. A. C. S., Woodstock, N. B.

The gathered ear is always with us. The specialist complains bitterly, not without justification, that cases are not sent until the hearing apparatus is irreparably injured, or even life is endangered, and if practitioners would take these cases seriously, infinite damage and many lives might be saved.

I urge the idea that suppuration in the middle ear is not stationary, but sooner or later moves either to improvement or extension; in short, that it is a progressive condition, the direction of which, if not absolutely foreseen, may at least be suspected by the familiar process of look and see, nature having fortunately provided not only one but several advanced observation posts from whose depths something can be seen and more deduced.

The great difficulty with the middle ear is lack of drainage. When it is recalled that both the entering aditus and the outgoing Eustachian tube are both situated high under the eaves of the roof, it is clear that the middle ear itself forms merely an excellent trap to have and to hold inflammatory seeds and products, while the antrum, with its associated air cells, constitutes a veritable swamp, within whose confines all noxious things may breed and multiply.

The middle ear, with its accessory cells, being in direct communication with the exterior of the body by the Eustachian tube, is, in consequence, lined by mucous membrane; its endothelial covering is therefore hypoblastic. As this lining membrane likewise provides a covering for the bone, it follows that inflammation thereof produces periostitis.

Now such inflammation, although exceptionally syphilitic or tubercular, is in the majority of instances produced by the common pus organisms, such as the diplococcus, the streptococcus or at some distances the staphylococcus. In acute cases in children the pneumococcus has the right of way, losing ground with age until it divides fifty-fifty with the streptococcus at the age of maturity.

In the exanthemata, the streptococcus predominates, especially in scarlet fever and measles, but in influenza the pneumococcus comes again into its own, while the staphylococcus, although rarely producing an acute attack, comes in later to lend stubborn resistance to treatment. The majority of inflammations, catarrhal or suppurative, are mono-bacterial in the beginning, but they soon become contami-

*Read before the Maine Medical Association, June 7, 1923.

nated, the diplococcal inflammations subsiding more quickly, but with a tendency occasionally to spread or to remain latent.

The result of infection is in the first place swelling and disintegration of the hypoblastic cells. The mucous membrane being thrown into folds prevents the escape of inflammatory products from some cavity, large or small, and pus accumulates under tension; pus under tension becomes actively aggressive. Should this tension not at once be relieved, either by art or nature, the infection of the mucous membrane becomes a periostitis and the underlying bone is at once attacked, with resulting carionecrosis. The abscess so formed must escape either outward or inward; outward by the usual suprameatal route or downward toward the digastric fossa, producing a deep cervical abscess, appearing beneath and behind the jaw; or should it break through the root of the zygoma, appearing beneath the temporal muscle and parotid, or most commonly of all, about the upper posterior segment of the external auditory meatus. Should, unfortunately, the infection be of another mind and travel inward, the pus erodes away either toward the sinuses or meninges. What proportion of cases go wrong one has no means of knowing, but the percentage is not inconsiderable.

Judging by experience the sinuses are the least resistant, possibly because they lie between rather than beneath the whole thickness of the dura. Their endothelial lining proliferates; clot forms, infection follows; portions become swept away to implant new foci or be destroyed in an attempt. Sometimes burrowing through the tegmen tympani to attack the overlying dura the meninges are reached with the usual result, or else the arachnoid and pia become glued together, permitting entrance to the grey matter of the cortex.

All earaches are not due to inflammation of the middle ear, an exposed tooth pulp, or a furuncle of the ear canal, or what not, may produce somewhat similar pain. Nor must it be forgotten that a persistently high temperature without some obvious explanation or equally continuous seemingly causeless screaming in an infant are suspicious circumstances, calling for at least a censory survey of the ears. It should also be recalled, upon the other hand, that sometimes pus forms with little if any pain, the first evidence being a swelling behind the pinna. These cases are probably due to patulous suture lines or a large aditus.

Pain varies in severity, but is always worse at night; fever nearly always present; when high, indicates absorption. Children are prone to delirium, convulsions and glandular swellings.

When the drum has been perforated by accident or design, there

should be relief. If this is not the case, and when the pus wells up as fast as it can be removed, then surely we are dealing with a cavity greater than the tiny box of the middle ear. The extensive system of air cells forms an excellent catch basin, from which the overflow does or does not escape.

If now the pain and fever do not abate it is quite clear that the pus is going somewhere, and the question arises in what direction. We are no longer dealing with an inflammation of the mucous membrane, but with its other side, the periosteal aspect; the bone is attacked, acutely as carionecrosis, more slowly as the sclerosing type.

We are facing the old question of when to operate as in the early days of appendectomy. We do not elsewhere in the body wait upon acute osteomyelitis; why do so here, where so many things depend upon early decision and prompt action.

Should this occasion pass, there seems to be a slight general tendency to attack the blood sinuses, especially the lateral, but any other will do equally well. Intramural clot, becoming in turn infected; bits floating away in the blood stream; chills and fever; marked exacerbation and sudden remission, the patient passing from one to the other in a few hours, in the intervals apparently quite easy and comfortable.

Chills are of sinister import. Take the temperature frequently, since the morning and evening record may not show the elevation, little or not at all. Or the pus, having secured its passage through the thin roof of the tegmen tympani, may proceed to pierce the dura; the arachnoid and pia become matted together, allowing the pointing abscess to worm itself through to the cortex. The pus, however, rarely stops here, since the cortical vessels and lymphatics run vertically to the surface. It follows along the path of least resistance to the white matter, where, pushing aside the diverging strands, it finds itself at last a home.

This brings one to the point of the argument, which is to say, that these brain abscesses consequent upon middle ear suppuration are not pyæmic, or, if you will, embolic, but extend by more or less peaceful penetration through the adjoining country, having little respect for natural barriers, protecting their advance by throwing up sandbags of dead leucocytes. So that knowing their usual route, and being persuaded that they are on the march, we may make an attack on their exposed flank, or if too late for that, may catch them from the rear.

Now the temporo sphenoidal lobe gives lodgment to many well-known centers, of which the sensory areas for smell, taste and hear-

ing are at the tip. Hence it arises that disturbances in this district may excite subjective sensations of foul odors, or bad tastes, or deafness. However, the patient now is too far spent, as a rule, to be interested in these minor phenomena, and we fall back upon the second, or motor line. The centers for the movements of the face, arm and leg lie here in the foetal position, that is to say, from below upward, and as the abscess tends to be near the surface the pressure is exerted in this order, first the face, then the arm, and finally the leg; about this time the pupil begins to dilate and become fixed, because the third nerve in its passage forward is caught against the posterior clinoid process and inhibition is paralyzed. This is in marked opposition to vascular lesions, which being often within or near the genu of the inner capsule, the phenomena are reversed; and there may also, but rather rarely, be sensory paralysis of the other side. Should the infection prefer to travel backward, it very constantly does so through the genu of the sigmoid groove to the cerebellum. The signs then become mixed, motor and mental, often the last, apathy, sluggishness, slow response, quick relapse, an answer being an evident effort.

Nystagmus—weakness or deviation of the eyes with disturbed equilibration—the stumbling gait, and easy fall, generally to the affected side. The patient stands with his legs wide apart and head drooping loosely. Vomiting is early and pronounced. Since cerebellar involvement frequently follows upon sinus phlebitis, its symptoms are apt to overcome those of the latter, the pyemic condition succumbing to a lowered pulse rate, with falling temperature and mental obscuration.

It is in the cerebellar affections more especially that the pressure symptoms arise, owing to the oedema which is excited by the presence of inflammatory action. This oedema, in the confined space beneath the tentorium, exercises direct action upon the brain substance and forces that portion of the cerebellum which lies within the foramen magnum still further into the spinal canal, so that any increase, by movement or otherwise, may so suddenly block the exit and shut off the reflex centers of the medulla that sudden death may result from respiratory failure. This condition may be observed in its development by watching the optic discs, any degree of pupillœdema indicating danger.

Any or all these conditions may allow of some operative relief, the success of which depends largely upon the stage at which the attempt is made. The suprameatal triangle being directly over the antrum, in front of the lateral sinus, and above the horizontal section

of the facial nerve, is the key to the antrum, which is the general headquarters for a further offensive. It is through the roof of this antrum that pus usually elects to invade the temporosphenoidal lobe, from its posterior wall that the abscess finds its way through the knee of the sigmoid groove into the cerebellum, or most commonly of all, outward and downward to the mastoid cells and the surface of the body.

Finally, and in conclusion, there is the ever present risk that the inflammation, disdaining local restraint, may proceed directly into the potential space lightly called the arachnoid space, whose limitations are only those of the surface of the brain itself, there to spread in any and all directions, manifesting its presence by squint and retraction of the head, wandering and delirium, increasing pulse rate and rising temperature, coma, convulsion and death.

THE HEALTH EXAMINATION.

By DR. HAVEN EMERSON,

Professor of Public Health Administration, Columbia University.

Almost everybody feels, when some member of his family or some one of his acquaintances has frequent colds and a constant wracking cough with loss of appetite, that the proper thing to do is to consult a physician and find out if he has tuberculosis. Under just these circumstances many hundreds of thousands of people have gone to the free tuberculosis clinics of New York City for examination. They have there received thorough physical examination and we are glad to report that more than two-thirds of them have been found to be free from tuberculosis. The real trouble with them was something other than tuberculosis. As a result of finding out what ailed them, and following the advice given, many of these people have been treated and cured.

What do you do with your automobile truck, your passenger car, or your farm tractor when something goes wrong with it? You take it to a garage to find out what is the matter and to have it fixed.

Careful, prudent, businesslike people get the habit of taking their automobiles or other motor vehicles to be looked over at regular and frequent intervals, even when they seem to be going all right, in order that they may be kept in good condition. Thus they avoid

breakdowns, and serious if not fatal accidents. This is just what careful and prudent people are beginning to do with their own bodies. They do not wait until something goes wrong, but they go to a physician for a good overhauling or examination because they do not want to chance a breakdown with perhaps fatal consequences.

Because so many people now do this, the amount of tuberculosis in this state has been greatly reduced. Because mothers take their well babies to health stations (and at least half the babies born each year in New York city are thus watched by physicians and nurses during the first year of their lives) disorders of infancy are prevented and thousands of baby lives are saved every year. Because people go regularly to the dentist to have their teeth examined while they appear sound, the teeth are saved; much sickness is prevented, and what is more, they have good-looking mouths when they are talking or laughing.

The health department may protect your water supply, it may prevent contamination of the milk which you consume, and try to keep you from having smallpox, measles and scarlet fever; but most of the sicknesses which end in untimely deaths cannot be prevented by the health department. They can be prevented only by the individual taking proper care of himself and his own health. To prevent the major part of all your sicknesses you should go to your family physician at least once every year for a careful, thorough medical examination. Why not do this now? Why not begin right away? Go to your own physician this very week. Tell him you feel perfectly well—if you do—but that you want to know if you are really in as good physical condition as you seem, for you do not want to get sick this winter. Let him give you a thorough examination and tell you just what he finds out, and what you should do to help keep on feeling and being perfectly well. He knows how to take care of you when you are sick, but you will find it much cheaper and much pleasanter to have him help you keep well than to have him treat and cure you after you are ill. This complete medical examination, which includes a test of the heart, lungs, sight, hearing, bones and joints, nose and throat, and the nervous system, will take only about one-half to one hour.

Most of the large industries now have one or more physicians to make such regular annual examinations of their employees in order that they may not lose time and money through sickness. Labor unions find it pays to safeguard their members by such examinations and early care. Schools require physical examinations of their pupils. Many state and city departments of health give such examinations free of charge to every member of the department.

Why not have this for yourself, for your wife and children, and for any others dependent upon you? It is the only way to avoid a great many of the breakdowns and sicknesses which are so costly, and from which nearly every person suffers sooner or later. It is a great deal cheaper than paying for medicine, nursing, or hospital treatment. Treat yourself as well as you would treat a thoroughbred mule, a good cow, your watch or your Ford car. If everybody would do this early this winter, there would be many thousands of people alive and in good health at this time next year who, under other circumstances, will probably be overcome by sickness and even by death.



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PRESIDENT COOLIDGE'S CHANCE TO HELP THE PROFESSION.

Amongst the many convincing epigrams which President Coolidge has uttered during his career, no one single sentence stands out so clearly against the platitudes of the politicians of to-day as this one, spoken at the Williamston Centennial: "America has come into being as the result of unflinching adherence to those principles of human relationship which provide for the freedom and the independence of the individual."

Yet everywhere the profession of medicine is confronted with the passing of laws which totally deny this self-evident truth. No longer can any physician practice as a free man. He is a slave to laws passed by a Congress which ignores the needs of the profession for the treatment of each individual patient. We are fettered in the use of drugs of value, we are obstructed in the utilization of stimulants which have saved thousands of useful lives, and we are oppressed by taxes.

The President, in his annual message to Congress, has the chance of his life to come forward to our aid, to free us from the tax in the use of prescribing an infinitesimal grain of cocaine into an eye, or into the nose, or in other situations for the relief of pain and performance of operations. He can make it easier for us to obtain pure alcohol for the sterilizing of our instruments. He can relieve us from the unjust tax of attendance on medical conventions for the benefit of the public health, and he can enable us, on occasions, to obtain stimulants needed in pneumonia and other emergencies of acute illness.

How few of us recognize the dangers of pouring poisoned alcohol, for instance, into an ear affected with suppuration, in that the poison may be absorbed by the patient and death ensue. How few understand that even with an intact drumhead poisons can be absorbed through its tissue with deleterious effects. In the same way, the mere bathing of the body with poisoned alcohol externally may endanger the bodily health and enfeeble the human system.

It is impossible, in a brief editorial, to go into all the aspects of the imprisonment of the profession within the cage of the laws of to-day. The bars are visible enough to any observers, but a mere hint even, as here courteously offered, may enable us to do better work, if we are unchained even a little from the fetters in which we are now constrained.

J. A. S.

CHRISTIAN SCIENCE DANGERS.

Dr. Charles E. Humiston, 449 North Central Ave., Chicago, is writing some account of cases in which favorable results could reasonably be expected to follow timely use of medical or surgical treatment, but which, through reliance on Christian Science, resulted in serious trouble to the patient. The story of such cases, told in language which will be understood by lay readers, will appear in his book. Dr. Humiston would like assistance from members of our profession. No names will be published, and medical communications will be held strictly confidential. It seems to us that Dr. Humiston's plan should be helped along by any of our members who feel inclined, from experience with such bad results.

To this we add a suggestion, that each of us ought to have on his desk some memorandum of some subject in which he is interested, and to which he could add items from time to time, and finally present the results of his thoughts in an extended paper.

Amongst subjects which have been suggested are cults, quacks, education in the lower and high schools and in college, medical inspection of school children, medical education before medicine, medical internes, and post graduate study. Nurses, hospital management, group practice, medical charities, the delinquents of all sorts, and the defectives, personal hygiene, periodical examination of all citizens, the business side of the doctor's life, his investments, narcotics, lay control of medical affairs, compulsory health insurance, old age pensions, and all forms of state medicine are additional topics.

Take one single topic, the doctor's investments, and start off with the axiom, the higher the interest offered the greater the risk,

and work it out with your own results, those that you have heard of, and then turning all these thoughts over, you will be surprised to note what an excellent amount of material will accumulate for a stated paper.

J. A. S.

MISLEADING PROPAGANDA CONCERNING THE EYESIGHT OF CHILDREN.

Misleading propaganda on the part of any association of people or officials is to be decried. The Council of Eyesight Conservation of America is advertising widely that one-fourth of all the children in this country have defective eyesight. This may be true, when you set up standard test type and measure the sight for a distance, but such defects are curable by lenses and by simple treatment. Even if incurable, they need not prevent a child from obtaining an education and a living. It is not distant, blackboard study that tells in life; it is ability to see at the length of the two arms and of the two hands.

In spreading alarming statistics, associations should not exaggerate, for all exaggeration is a form of falsehood. When you exaggerate in one thing, people will cease to believe you in other items of public health.

It is well worth while for all eyesight conservationists to study the latest statistics from England, in which they will find recommended in choosing soldiers for future wars a standard of six-twenty-fourths in one eye, any way, even if the other is blind. This is rather startling advice, compared with former standards demanded of nearly normal vision in both eyes.

What is needed, more than anything else, to combat defective eyesight is better light in the schools and in our homes. Lamps hung halfway down from the ceiling of schoolrooms, and in that way intruding upon the visual fields of scholars and teachers alike, tend to harm the sight, even if it is normal either with or without lenses. Lamps for schools should be attached close to the ceiling and covered with ground glass. Equally injurious is the use of screened electric lights in the homes of to-day. Electric light should not be thrown upon reading matter solely, but the rest of the room should be illuminated by a lamp or lamps attached to the ceiling. Too many lamps affecting the visual fields of young and old, and too many lamps throwing electric light upon near work, are injuring the eyes beyond a cure, as will soon declare itself. Glare of every sort endangers the eyes, and the studies for conservation of vision should be directed not only at aiding the sight with proper lenses, but to the prevention of

injuring the retina and other delicate structures of the eyes by too much electric light.

We would like to see a sentence like this issued by the State Board of Health in talking on conservation of vision: "Every room in every house should have one source of light for lighting the space, and as many other lamps as are necessary for lighting the work on which the eyes are to be employed. Concentrated electric lights are harmful to the eyes of all."

J. A. S.

Notices.

Dr. Earl Miller has been appointed Director of the Department of Experimental Medicine of Parke, Davis & Company, Detroit, to fill the vacancy following the death of Dr. Ezra Read Larned, who was the originator and organizer of this department and occupied the position as head of the department until his death. Dr. Miller was assistant to Dr. Larned for twelve years and has a wide acquaintance among medical men interested in clinical research work.

NOTICE OF EXAMINATION FOR ENTRANCE INTO THE REGULAR CORPS OF THE UNITED STATES PUBLIC HEALTH SERVICE.

Examinations of candidates for entrance into the Regular Corps of the U. S. Public Health Service will be held at the following named places on the dates specified:

At Washington, D. C.,	November 12, 1923.
At Chicago, Ill.,	November 12, 1923.
At San Francisco, Cal.,	November 12, 1923.

Candidates must be not less than twenty-three nor more than thirty-two years of age, and they must have been graduated in medicine at some reputable medical college, and have had one year's hospital experience or two years' professional practice. They must pass satisfactorily, oral, written and clinical tests before a board of medical officers and undergo a physical examination.

Successful candidates will be recommended for appointment by the President with the advice and consent of the Senate.

Requests for information or permission to take this examination should be addressed to the Surgeon General, U. S. Public Health Service, Washington, D. C.

H. S. CUMMING,
Surgeon General.

County News and Notes.

KENNEBEC.

KENNEBEC COUNTY MEDICAL ASSOCIATION.

The quarterly meeting of the Kennebec County Medical Association was held Tuesday evening, October 9th, at the Elmwood Hotel, Waterville. The meeting was called to order by the President, Dr. Ralph L. Reynolds.

Dr. F. E. Wheeler, formerly of West Paris and now of Waterville, was elected to membership, having been transferred from the Oxford County Medical Society.

The names of Rodney D. Turner and Adolphe J. Gingras, both of Augusta, were presented for membership and were referred to the Board of Censors.

The question of medical defense was discussed to a considerable extent. It was felt that more of our members should be insured and that something should be done individually to bring this about.

The status of the "camp doctor" and other unlicensed physicians was explained by Dr. Bunker.

It was voted that the members of this society co-operate in every way possible in the campaign against cancer.

The paper of the evening was read by Dr. Charles H. Lawrence, of Boston. The subject was "The Damaged Heart in Obstetrics and Surgery." The various points in diagnosis and treatment were carefully considered. Dr. Lawrence showed the importance of the complete physical examination as a means of showing the real power of the damaged heart. The paper was of especial value to the general practitioner.

Members present, 21; guests, 2.

H. W. HALL, *Secretary.*

NEW AND NON-OFFICIAL REMEDIES.

The following have been accepted by the Council on Pharmacy and Chemistry for inclusion in New and Non-official Remedies:

Abbott Laboratories:

Argyn Tablets.

American Radium Appliance Co.:

Hydro Radium Activator.

Parke, Davis & Co.:

Tablets Tuberculin B. E.—P., D. & Co.

Tablets Tuberculin T. R.—P., D. & Co.

Malt Extract (Unmedicated)—P., D. & Co.

Malt Extract with Cod Liver Oil—P., D. & Co.

Tobacco Protein Extract Diagnostic—P., D. & Co.

Goldenrod Pollen Protein Extract Diagnostic—P., D. & Co.

Sal Ethyl Capsules, 5 minims.

E. R. Squibb & Sons:

Ampules Pituitary Solution—Squibb, 0.5 c. c.

Ampules Pituitary Solution—Squibb, 1 c. c.

Pollen Allergen Solution Timothy—Squibb.

Pollen Allergen Solution Ragweed—Squibb.

Swan-Meyers Co.:

Ragweed Pollen Extract—Swan-Meyers.

Wilson Laboratories:

Tablets Ovarian Substance—Wilson, 2 gr.

Tablets Ovarian Substance—Wilson, 5 gr.

Capsules Ovarian Substance—Wilson, 2 gr.

Capsules Ovarian Substance—Wilson, 5 gr.

Tablets Ovarian Residue—Wilson, 2 gr.

Tablets Ovarian Residue—Wilson, 5 gr.

Capsules Ovarian Residue—Wilson, 5 gr.

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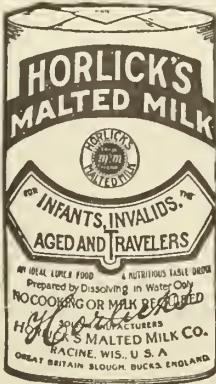
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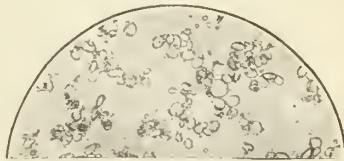
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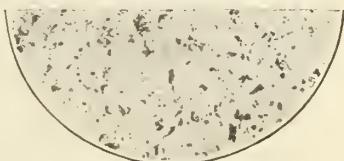
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You may depend on the advertisements printed in this JOURNAL.

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There are 768 members of the Maine Medical Association and readers of this JOURNAL, located in every important city and town of this state.

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THE JOURNAL OF THE Maine Medical Association.

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All papers, case reports, etc., should be typewritten when possible.

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*THE OCULAR MANIFESTATIONS OF INFLAMMATION OF THE ACCESSORY NASAL SINUSES.

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It has long been known that the intimate anatomical relation existing between the accessory nasal sinuses and the orbital contents has been productive of ocular lesions. Vater, 1726 (quoted by Mackenzie), recorded that "Suppression of the natural discharge of the Schneiderian membrane, or of that discharge when increased by disease, seems occasionally to be the cause of amaurosis." The meritorious work of Mackenzie, "A Practical Treatise on Diseases of the Eye," 1855, presents many interesting accounts and interpretations of orbital complications secondary to disease of these sinuses.

During the past two decades, much has appeared in the literature relative to the subject we are considering, and though there is a unanimity of opinion on certain presentations, there exists a marked diversity on others. The monograph by Onodi, "Disturbance of Vision and Development of Blindness of Nasal Origin Induced by Disease of the Posterior Accessory Sinuses," 1904, doubtless "blazed the trail" for the voluminous literature and tireless research that has followed. It is of interest to note, in reply to a questionnaire sent by Onodi to the leading German ophthalmologists, two or three of them thought that sinus disease might produce optic neuritis, but the great majority of them had never associated ocular disease with disease of the sinuses.

*Read before the Eye, Ear, Nose and Throat Section of the Maine Medical Association, Poland Springs, May 24, 1923.

The literature of each succeeding year has added greatly to our knowledge of these manifestations, and one may justly feel disposed to ask the pertinent question, What, then, in the light of our present knowledge, are the ocular manifestations of inflammation of the accessory nasal sinuses?

In consideration of the voluminous literature that has been produced, this may well be answered by quoting the advanced position recorded by the late Dr. Reber: "That all manner of extra- and intra-ocular disease, is, at times, traceable to non-suppurative and suppurative pathologic processes in these contiguous nasal sinuses, and will certainly justify the observation that in all ocular diseases of obscure origin these sinuses should be studied."

Perhaps the simplest and mildest form of ocular disturbance which is produced by inflammation of the accessory nasal sinuses is that of asthenopia, associated with frontal headache. This condition is produced by closure of the frontal sinus, and rarely by closure of the anterior ethmoidal labyrinth. Secondary to closure of these cavities, the lining membrane and bone become congested and are sensitive of even very slight pressure.

This class of cases was first described by Ewing and Sluder, 1900. The symptoms of which one complains may briefly be stated as follows, inability to use the eyes for near work, because of an associated headache, which becomes aggravated as the use of the eyes is prolonged. The headache is frontal, often unilateral, frequently present on rising, or manifests itself soon after. It is usually severe (though not necessarily so), and frequently, like that of a confined empyema, is aggravated by stooping or bending forward. Owing to the fact that the condition is made worse by the use of the eyes, the patient consults an oculist. Examination of the eyes may be clinically negligible, or a minor refractive error may be present, which must impress one as indeed trivial to produce the distressing symptoms of which the patient complains. I have at times seen the pain so severe as to simulate an acute frontal empyema. Rhinological examination reveals neither pus, nor perhaps any visible anatomic changes.

The "sheet anchor" in the diagnosis of these cases is the eliciting of tenderness at the upper and inner angle of the orbit, that is, at the point attachment of the pulley of the superior oblique muscle, where the floor of the frontal sinus is extremely thin. Tenderness at this point is alluded to as "Ewing's sign," and was put forth "as a diagnostic help, for cases which had, up to that time, been declared not frontal sinus cases, not nasal cases at all, because there were no

nose symptoms, nor any pus, nor secretion from the sinus, nor any of the grosser commonplace anatomic changes." (Sluder.) This sign is sometimes the only definite indication of the nasal pathology, the rhinologist's findings being negative.

I firmly believe, if the oculist will resort to this very simple test more frequently, and especially so when only a very small refractive error is determined, he will avoid many of the not infrequent complaints that are experienced after prescribing a lens for this type of case.

EDEMA OF THE LIDS.

Edema of the lids has long been observed incident to sinus disease. It may be of an inflammatory or a non-inflammatory nature, varying from a slight flushing to a marked swelling. The mild or transient types are more often observed in the morning, disappearing during the earlier hours of the day. Another type, presenting an actual blackening of the lids, suggestive of an ecchymoses, has been called to our attention by DeSchweinitz, this being comparable to, and grossly indistinguishable from, the "dark rings" of alleged dissipation. It is indeed often surprising to note the disappearance of these areas of discoloration following nasal therapy.

Edema of the lids is doubtless more often observed incident to acute inflammation of the anterior ethmoids and frontal sinus, though several observers (Onodi, Posey, Genet, DeSchweinitz) have observed it associated with antral disease. The most marked cases of edema are those resulting from acute orbital phlegman and cavernous sinus thrombosis, either of which may result from sinus disease.

LACRIMAL DISEASE.

Lacrimation, epiphora, dacryocystitis, fistula and stenosis of the lacrimal duct are at times attributable to a nasal lesion. Dewatripont and Kunt, after an extensive study of the nasolacrimal passageways, agree that 95 per cent. of these cases have a nasal origin. However, they may be produced by mechanical obstruction in the nasal cavity, by extension of infection into the nasal duct, or from infection of the nasolacrimal passageways by the ethmoids, frontal and maxillary sinuses.

Elschnig states that 50 per cent. of the cases of dacryocystitis are due to an extension from ethmoids.

DeSchweinitz contends a certain number of cases of lacrimal disease, for instance the ordinary forms of dacryocystitis, are connected with antral disease.

Infection of the infundibular cells is prone to produce and

maintain an inflammation of the lacrimal sac, and not a few of the recurrences that are observed following extirpation of the sac are due to this cause. (Benedict, Schaeffer, Patterson.)

CONJUNCTIVA, SCLERA AND CORNEA.

Congestion of the conjunctiva and lacrimation are only too frequently observed in association with acute nasal infections to deserve more than passing mention at this time. Acute catarrhal inflammation is also a frequent complication, and surely not a few cases of chronic conjunctivitis are due to this cause.

. Episcleritis, usually of a relapsing type, characterized by one or more patches of episcleral injection or edema, and lasting from two to eight days, has been described by DeSchweinitz.

Keratitis disciformis has been recorded by Elschnig as secondary to sinus disease.

In a recent paper, Weiner and Loeb state, "We have found that stubborn forms of dendritic keratitis, such as are not generally recognized as of nasal origin, may be relieved promptly by appropriate treatment of the nose."

Herpetic eruptions of the cornea in association with sinus disease have been reported by Posey and Gerber.

The not infrequent association of sinus disease with phlyctenular kerato-conjunctivitis has led some observers to consider sinus disease as an etiological factor.

In a study of one hundred cases, Magitot found that 95 per cent. of the patients were suffering from nasal lesions.

The literature of recent years has contained but little of note relative to phlyctenular disease, and, in consideration of the fact that many cases recover regardless of the chosen method of therapy, it would appear that the etiological factor is, as before, undetermined, if not unknown.

EXTERNAL RUPTURE.

At some time or other, perhaps not a few of us have experienced the chagrin and humiliation of mistaking the external rupture of an anterior ethmoidal infection for a lacrimal abscess. Skillern is of the opinion that this seems to be the most frequent form of any complication resulting from purulent sinus affections. The point of predilection for the perforation to take place is in the region of the ethmo-lacrimal suture. The pus perforates the lamina papyracea, or passes through a dehiscence in this structure, and thence to the orbital periosteum. Often the periosteum is not perforated, the

secretion following the course of least resistance, finally rupturing at the internal angle of the eye.

In this connection may also be mentioned a patient that came under my observation who had been treated for recurrent "boils" of the upper lid. Examination revealed a fistula of the frontal sinus, which was later healed after instigating appropriate intranasal drainage and treatment.

ORBITAL CELLULITIS AND ORBITAL ABSCESS.

Inflammation of the cellular orbital tissue may be either of an acute or chronic nature, and surely few conditions are more striking than acute pyogenic invasion of the orbit from the neighboring sinuses.

The oft quoted statistics of Birch-Hirschfeld may be recalled at this time. Of six hundred and eighty-four cases of various forms of orbital inflammation, nearly 60 per cent. were found to be secondary to nasal disease. He believes that the percentage should have been much higher, for in many cases the nose was not taken into consideration. Four hundred and nine cases were considered secondary to nasal disease, and of this number corneal ulceration was present eighteen times, panophthalmitis eight times, and glaucoma two times.

Acute rupture is characterized by a sudden dislocation of the globe, usually accompanied by intense radiating pain, marked edema of the lids, chemosis of the conjunctiva, elevation of temperature, and general prostration, and not infrequently cerebral symptoms, as vomiting, stupor and retardation of the pulse. Fluctuation is wanting unless the purulent mass has worked its way well forward. The pupil may be widely dilated and immobile, though this is usually of later date. The vision usually suffers early, and may be totally abolished in a few hours. An early ophthalmoscopic examination shows scarcely more than a blurring of the margin of the disc, or a hyperdermic of the papilla. Later an optic neuritis is evident.

Knapp has reported extensive intraocular changes incident to hemorrhage, and vascular alterations due to compression of the central vessels, producing a stasis of the circulation and exudation into the retina.

Orbital abscess secondary to cavernous sinus thrombosis must also be included in this consideration. According to St. Clair Thomson, cavernous sinus thrombosis is produced more frequently by sphenoidal disease than by any other cause. Moreover, one should ever be mindful of the fact that the first maifestation of cavernous

sinus thrombosis may be a partial or complete paralysis of the third, fourth or sixth nerves, which lie so closely related to this structure.

Chronic inflammation of the cellular tissue of the orbit manifests itself in an entirely different manner, presenting none of the stormy symptoms of the acute type. It comes on gradually, usually with little or no pain, and inflammatory symptoms may be slight or entirely wanting. Edema of the lids is an early manifestation; later an exophthalmus is evident. The milder cases subside following the absorption of the exudate that has been produced. Particularly is this true if the attending focus be removed. But often a muscular paralysis, a slight degree of exophthalmus, or atrophy of the optic nerve may be left. (Fuchs.)

DISPLACEMENTS OF THE GLOBE.

In the above consideration, exophthalmus has been mentioned as a prominent symptom of orbital cellulitis; likewise, it is observed in association with another class of nasal lesions, namely, mucocele, pyocele polypi, exostoses and osteomas. It is also observed incident to optic neuritis, and in speaking of this condition, Elschnig states that in unilateral infections 50 per cent. of the cases present a slight exophthalmus measurable by Hertel's ophthalmometer.

Though not germane to this subject, exophthalmus, and often an associated diplopia, are frequently the outstanding if not the only symptoms of malignant disease of the accessory nasal sinuses, and must be differentiated from the more benign affections.

Mucoceles are observed most frequently in the frontal sinus and ethmoidal labyrinth, and rarely in the maxillary and sphenoidal sinuses. The globe is displaced and diplopia is present, though the ocular movements are rarely affected.

Polypi are usually benign except for the obstruction and reflex phenomena which they produce. That they may be histologically benign, though clinically malignant, is obvious in considering a case reported by Chamberlin, where nasal polypi invaded the orbit, frontal sinus and anterior fossa of the skull.

Exostoses and osteomas are indeed rare; they are recognized by their denseness and evident connection with the bone, and may be associated with suppuration of the sinus and the formation of polypi. (Andrews.)

SYMPATHETIC MANIFESTATIONS.

It must be admitted that our knowledge of the sympathetic nervous system is, generally speaking, a meagre one, though clinical observation seems to have well established the fact that reflex ocular

disease is at times attributed to an inflammation of the sympathetic nasal ganglion. (Meckel's "Ganglion.")

Cases of blepharospasm, lacrimation and photophobia have been reported in which all ocular therapy had been futile, and relief was secured only when the existing nasal lesion was treated.

And surely none the less interesting are the pupillary phenomena that have been observed incident to nasal disease.

Trousseau, in discussing reflex ocular disease of nasal origin, says, "I have seen the disappearance of an apparently inexplicable unilateral mydryasis following upon the cauterization of ulcers of the nose." He contends that there exists a true asthenopia of nasal origin, which yields only to treatment of the nasal mucous membrane.

Knapp has recorded a case presenting a contracted pupil, irresponsive to light, having no light perception in the eye, and an optic neuritis was present. One week following the removal of the middle turbinate the pupil reacted to light, but instantly dilated, and was not normal until twenty-three days following the operation.

McBean reported a case of acute sphenoidal disease, accompanied by pain in the eye, occiput and a severe asthenopia. The pupil, at first widely dilated, was followed in a few days by contraction and a spasm of accommodation.

Sluder has recorded several cases presenting these pupillary phenomena, and has observed dilation and contraction of the pupil following cocainezation of the nasal ganglion.

OCULAR MUSCLE INVOLVEMENT.

Asthenopia is undisputedly an almost constant accompaniment of acute sinus affections. Likewise, treatment of a seemingly negligible chronic nasal affection will dispel many a case of asthenopia that has baffled all attempts of the oculist. Skillern, in speaking of these milder cases, is of the belief that they are the result of the selective action of a toxin, just as is true of the infectious diseases. An insufficiency of one or more of the ocular muscles may be evident, and the muscle itself, or the nerve supplying it, may be involved. A diplopia may or may not be present, depending upon the degree of impairment of function.

Parker, in speaking of muscle involvement, states: "The binocular vision may be reduced considerably, while the vision in either eye taken separately may be normal. The diminished binocular vision arises from the inability on the part of the patient to fuse the two images because of the muscle imbalance rather than from any deterioration of his visual acuity. As the impairment of the muscular action becomes more marked, a diplopia will appear, which,

however, may have been present from the first in the extreme field of action of the muscle affected."

From an anatomical standpoint, it seems feasible to deduct that a paresis or paralysis may result from an inflammatory infiltration of the belly of a muscle which lies in contact with an infected sinus or the nerves supplying these muscles may be involved in a like manner.

A casual examination of a few specimens of sphenoid bones must needs impress one with the fact that the third, fourth and sixth nerves are frequently separated from the sphenoid sinus by a lamella of bone of not more than paper thickness, and under these anatomical conditions the nerves may readily become involved in sphenoidal disease.

UVEAL TRACT.

It has been but a comparatively few years since ophthalmologists have looked to local infections as an etiological factor of inflammation of the uveal tract. The diagnosis of luetic uveitis is now much less frequently proffered, and the idiopathic and rheumatic types are fast giving support to the theory of focal infection.

Zeim, a pioneer in sinus disease, considered chronic iritis, cyclitis, glaucoma, and like attacks as a possible complication of sinus disease.

Posey, 1897 (one of the first observers to report a case of uveitis secondary to sinus disease), recorded a case of violent uveitis, resulting in loss of vision and a shrinking of the globe.

Iritis secondary to sinus disease has been reported more recently by Mason, Ewing, Lemere, Lange, Brown and Irons. Choroidal disease, usually manifesting itself as a chorioretinitis, though less frequently observed, has been recorded with sufficient frequency to warrant the conclusion that no study of this condition is complete that lacks a thorough and repeated investigation of the accessory nasal sinuses.

CATARACT AND GLAUCOMA.

Zeim contended that cataract can be caused, or at least influenced, by ethmoidal or sphenoidal disease, and surely cases presenting lens opacities are at times observed in patients who have for years been a victim of nasal disease. It seems well within the realm of reasoning that these may be the result of nutritional changes produced by the continued absorption of toxins from these contiguous nasal sinuses. Pauntz and others have unquestionably demonstrated the influence of sinus disease on post-operative cataract infection.

It has been expressed in a conjectural manner that increased intraocular tension may have a nasal origin, though little is offered

to its support at the present time. Sluder, 1913, records the case of an acutely inflamed, painful eye, blind from glaucoma, which was relieved of all pain, redness and swelling following repeated applications of cocaine to Meckel's ganglion. Weiner and Loeb, 1921, report a case where the tension was reduced following an operation on the ethmoids, and by repeated applications of cocaine to the middle meatus.

OPTIC NERVE.

This brings us to a consideration of the optic nerve, which, after all, is of a most vital importance, as often the question of sight or blindness may depend upon a prompt and exacting diagnosis.

Optic nerve manifestations secondary to sinus disease are many and varied, and are so unlike those produced by numerous other causes that at times the most painstaking efforts of the ophthalmologist, internist, neurologist and rhinologist are called into play to determine the etiological cause, and even then definite conclusions are sometimes wanting. Elschnig has recorded that 15 per cent. of all optic nerve lesions are due to sinus disease.

Retrobulbar neuritis, optic neuritis, papillo-edema, choked disc and optic atrophy have been frequently reported as secondary to accessory nasal sinus infections.

It is with retrobulbar neuritis and optic neuritis that we are mostly concerned, and the phenomenal restoration of vision that has followed surgery of the nasal sinuses comes within this category.

In view of the fact that the various theories which have been propounded to explain the existing relationship between the optic nerve and accessory nasal sinus disease rest upon an anatomic basis, it may serve well to recall at this time a few important considerations. A few excerpts from a detailed consideration of the anatomy of this region as presented by Bordley will serve well to this end.

The inferior, lateral and a portion of the superior orbital walls in the region of the accessory nasal sinuses are, as a rule, very thin, and at times presenting deliquescent areas. The walls are perforated at various points by nerves, arteries and the numerous veins which empty into the veins of the orbit. The orbital periosteum, on entering the optic canal, becomes so closely related to, and interwoven with, the dural sheath of the optic nerve as to be microscopically indistinguishable from it. As the nerve continues its backward course, the thin optic canal separates it from the posterior ethmoidal cells and sphenoidal sinus.

The blood supply of the orbit is derived mainly from the ophthalmic artery, which, in turn, gives off the anterior and posterior eth-

moidal arteries to the ethmoidal labyrinth. The orbital and ethmoidal veins are drained by the ophthalmic vein, which empties into the cavernous sinus.

The greater blood supply of the optic nerve is derived from the central artery of the retina and is drained by its central vein. The intracanalicular portion of the nerve receives its blood supply from the small muscular branches of the ophthalmic artery and numerous capillaries, and is drained by the vein of Vossius, which likewise receives numerous branches from the periosteum and lining membrane of the posterior ethmoidal cells and sphenoidal sinus.

Though little is known of the orbital and nasal lymphatics, they are supposedly intimately interwoven.

In consideration of the foregoing description, it would appear that the posterior ethmoidal cells and the sphenoidal sinuses are alone responsible for optic nerve involvement. However, a casual review of the literature reveals optic nerve involvement secondary to infection of the frontal and maxillary sinuses. (Posey, White, Lemere, Jersey.)

On one point most authorities are agreed, that the trouble lies in the intracanalicular portion of the nerve, though diverse views have been expressed to explain the method by which the pathological process gains access to this structure. It is the contention of many that pressure is the main factor in the production of a retrobulbar neuritis; others believe it to be due to edema of the optic canal, with resulting venous stasis; still others contend that a direct transmission of toxins into and around the vein of Vossius and the capillaries supplying the central bundle is the cause. Hyperplasia with infection has been advanced by some authors.

Direct spreading of the inflammatory process, extending from the sphenoidal sinus through the optic canal, and attacking the optic nerve, was observed histologically in a case reported by Gerlach and De Kleyn.

Stark has recently advanced the theory that the sensitization of the tissues of both the sinus and the orbit by bacterial proteins produces an allergy resulting in a localized anaphylactic reaction each time the individual comes in contact with a fresh infection of the same bacteria in the nose, and possibly, in other parts of the body.

Optic nerve involvement may be insidious or gradual, associated with partial or complete blindness, and one or more of the following symptoms may be present: Enlargement of the blind spot, central and paracentral scotoma, contraction of the visual field, pupillary changes, diplopia, paresis or paralysis of the intra- and extra-ocular

muscles, optic neuritis, papillo-edema, chocked disc and optic atrophy.

ENLARGEMENT OF THE BLIND SPOT.

Enlargement of the blind spot, constituting the so-called Vander Hoeve or peripapillary scotoma, has been alleged to be pathognomonic of posterior sinus disease, resulting from the pathological process expressing itself upon the peripapillary bundle of the optic nerve.

According to Peter, characteristically, the first evidence of enlargement is an indistinct zone surrounding the disc, in which color values are doubtful. Then follows a relative enlargement for colors, and finally an absolute enlargement for both colors and white.

While enlargement of the blind spot does, perhaps, constitute the most frequent nerve manifestation of sinus disease, it is by no means an infallible symptom; many an observer has found it absent, and likewise it has been reported in association with disease of all the accessory nasal sinuses.

Onodi, in presenting statistics of one hundred cases, found enlargement of the blind spot present twenty-eight times alone, and six times it was associated with a central scotoma for colors. In unilateral empyema it was noted eleven times on the affected side and seven times on the opposite side.

Markbreiter found visual enlargement of the blind spot in acute nasal infections without manifest involvement of either the ethmoidal cells of sphenoidal sinuses.

CONTRACTION OF THE VISUAL FIELD.

Berger was perhaps the first to observe a narrowing of the visual field incident to nasal disease. Birch-Hirschfeld stated that contraction of the visual field was a late manifestation, which statement has received much support. However, in the acute cases, presenting a marked diminution of central vision, the peripheral field is usually found to be proportionately contracted.

SCOTOMA.

Both central and paracentral scotomas have been observed, though the former occurs with much greater frequency.

No less an authority than Fuchs, Birch-Hirschfeld and Elschnig consider that a central scotoma, first for colors, and then for white, is one of the earliest symptoms.

Bordley considers it to be the most important of visual field changes, and in a consideration of this subject states: "The most

vulnerable part of the optic nerve is the papillo-macular bundle; in the optic canal it lies close to the vein of Vossius, which receives branches from the periosteum of the orbit and sinuses; it is that portion of the nerve with greatest capillary circulation; the optic canal is of rigid bony structure which allows little expansion of the soft tissues within its confines."

Hemianopic scotomas, such as are often observed in pituitary disease, may be produced by disease of the sphenoidal sinus.

Central and paracentral scotomas may, and often do interpret sinus disease, especially of the ethmoid and sphenoid, but such scotomas have no localizing value, that is, their form and position do not definitely indicate which sinus should be accused, except that the hemianopic scotomas are suggestive of disease of the sphenoid. (De-Schweinitz.)

OPTIC NEURITIS.

In a review of thirty-six cases of optic neuritis reported in the literature, Fish found twenty-six cases to be of nasal origin. Stark, in a later review of eighty-eight cases, found optic nerve involvement in fifty-two, nine of them being optic atrophy, optic neuritis in forty-three, and choked disc in five cases. From this study he concludes that blindness due to nasal sinus empyema, in addition to the retrobulbar neuritis, does, in about 50 per cent. of the cases, advance to such a degree as to produce optic neuritis.

Protracted involvement of the papillo-macular bundle does, as a rule, result in a temporal pallor of the disc, resembling that observed in the toxic amblyopias. Van der Hoeve considers this to be a late symptom, stating that, "the affection, which probably could be cured before, is usually irreparable, therefore, we must look for symptoms which enable us to recognize the affection in the very beginning, when treatment may be more successful."

Many authorities seem agreed that the swelling may give rise to a sufficient pressure to produce choked disc, or a resulting atrophy.

A cursory perusal of the more recent literature must needs impress one of the frequency with which choked disc is reported incident to disease of the posterior nasal sinuses. Until recent years, it was the contention of neurologists and ophthalmologists in general that choked disc is, *per se*, indicative of increased intracranial pressure. Cushing still maintains that choked disc is produced only by increased intracranial pressure, categorically denying its possible production by posterior sinus disease.

In consideration of the many reported cases by ophthalmologists of no little renown or reputation, one may justly conclude that

ophthalmologists recognize what is the same lesion, or one identical with it and indistinguishable from it, arising from disease of the posterior accessory nasal sinuses,

In the perhaps too prolonged consideration of this subject, one clearly realizes the ever-existing interdependence of the ophthalmologist and rhinologist, and, with the co-operation of the neurologist and internist, many of these now obscure ocular lesions will perhaps be brought to light.

*DIGESTIVE DISTURBANCES IN THE BOTTLE-FED INFANT.

By DR. ALBERT FELLOWS, Bangor.

My paper will attempt to set before you some of the salient features of indigestion in bottle babies, sticking close to practice, and making no pretense to completeness. I shall mention the common ways of modifying milk, with their indications, note certain characteristics of stools, and then discuss the types of indigestion, omitting entirely those disorders due to organic gastrointestinal disease and to the onset and course of fevers.

WAYS OF MODIFYING MILK.

Let us note, in passing, that human milk contains 4 per cent. of fat, 7 per cent. of carbohydrate and 1.6 per cent. of protein. Standard cow's milk contains 4 per cent. of fat, 4.5 per cent. of carbohydrate and 3.2 per cent. of protein. While we are talking in figures we may add the average well baby needs 40 to 50 calories per pound of body weight (undernourished ones more), and $\frac{3}{4}$ gram of protein per pound. Without adequate protein the baby will not gain, regardless of the caloric intake.

Simple dilution of the clean milk of Holstein herds with water and the addition of carbohydrate will suffice in most cases. The disadvantage is that neither the percentage of fat nor protein can be changed independent of the other. Mixtures of gravity cream and skimmed milk avoid this difficulty, but are somewhat fussy. They have the great advantage of flexibility. Top milk mixtures stand about halfway between the two.

*Read before the annual session of the Maine Medical Association, June 6, 1923.

SPECIAL PROCEDURES.

1. *Boiling.* Indicated when the milk supply is questionable, and when casein curds are present in the stools. Results are:

(a) Non-spore-bearing organisms are killed.

(b) The casein curd is fine and flaky.

That constipation results is not proven.

2. *Addition of alkali.* This is especially indicated in vomiting from casein indigestion in the stomach. Lime water 25 per cent. of the milk and cream in the mixture delays the formation of the curd and 50 per cent. prevents it. Sodium citrate, 2 grains to the ounce of milk and cream, has the same effect. Lime water should not be used in the presence of fat indigestion.

3. *Addition of starch.* This is often useful to prevent the formation of large casein curds in the stomach. The cereal diluent may be used as a routine after six months, to accustom the infant to handle starch. I have found Robinson's barley flour a good preparation. Three-fourths of 1 per cent. of the total mixture is the proper amount.

4. *Whey mixtures.* Indicated in premature or feeble infants and in vomiting from protein indigestion. Contraindicated in diarrhoeas, and in cases with green stools.

5. *Maltose mixtures.* These are very useful in malnutrition, convalescence from infectious diarrhoea, in chronic fat indigestion as a routine, in many cases of constipation and in cases in which lactose is fermented. I do not think that the growing practice of prescribing it in every case is to be recommended.

6. *Lactic acid milk* is especially useful in infectious and fermental diarrhoea, especially in the presence of the gas bacillus. It is valuable in many cases of malnutrition. Use the Bulgarian bacillus. These mixtures should not be heated.

7. *Precipitated casein milk* is of value and sometimes almost indispensable in fermental diarrhoea. It also seems to be of assistance in fat indigestion. It can be prepared now easily from Larosan and Casec, which are dry preparations of precipitated casein.

THE STOOLS.

The thriving bottle-fed baby has one or two stools daily of fairly firm consistency. Mild constipation is not unusual. Slight abnormalities in the movements should not receive too much attention if the baby is in other respects doing well. The color varies somewhat with the type of formula. Skimmed milk and other low fat, high protein mixtures cause a brown-yellow color and often a cheesy odor. Starch and malt sugar make a brown stool. Beef juice and like animal foods make a brown stool and a fecal odor.

The starvation stool may be loose or constipated. It is usually small and brown. The reaction of the stool is important only if excessively acid or alkaline. Abnormalities in color are common. The inside of the stool must be examined because exposure to the air causes changes of color and such changes are not abnormal. Grass green is of no significance. Dark green means something wrong, but is not diagnostic of any particular type of trouble. Gray is occasionally due to absence of bile, but is more often due to excess of fat. Absence of bile can only be determined by chemical tests. White, the soap stool. These may be soft, like curdled milk, but are more often dry and hard, and are due to faulty assimilation of fat. Black may be due to blood, but is more often due to medicine. A pink stain on the diaper around a normal stool is of no significance.

Curds are of two types. Protein curds are pea to bean sized or larger and are hard. Fat curds are pin head to pea sized and are soft.

INDIGESTION.

Irregular feeding and excessive handling are common causes of trouble and should never be forgotten. While they may produce most any type of digestive disorder, the commonest in my experience is vomiting, fussiness and failure to gain. Comment is unnecessary. With this out of the way, let us proceed to the classification of digestive disorders which I consider the most useful, because, being based on etiology, it leads directly to suggestions for rational treatment. It is as follows.

1. Indigestion from underfeeding.
2. Indigestion from overfeeding, either from too rich a mixture or too much of a good one.
3. Indigestion from excess of a particular food element: (*a*) fat; (*b*) carbohydrate; (*c*) protein; (*d*) starch.
4. Indigestion with fermentation.

Cases of indigestion are sure to have one or more of the following symptoms: Loss of weight or failure to gain, vomiting, diarrhoea, constipation, colic, fussiness, abnormal stools. In further discussion I shall mention only the more characteristic symptoms.

Indigestion from underfeeding is not, in my experience, very common. The chief feature is failure to gain, often accompanied by fussiness, but sometimes not. Constipation is apt to be present. Remember that the protein intake must be adequate, $\frac{3}{4}$ gram per pound of body weight, or the baby will not gain, regardless of the caloric value of the food. The diagnosis is not difficult. The feeding history tells the story.

Indigestion from excess of food may come from too rich a food

or too much of a suitable mixture. Failure to gain, vomiting, diarrhoea, fussiness are present. If vomiting is excessive, there may be constipation. The vomitus and stools are not characteristic. The diagnosis is made from the feeding history.

The treatment is to lessen the quantity of food or weaken the mixture. It is advisable to start with a weaker mixture than would be suitable to a normal baby of the same age and weight. A period of starvation is not advisable in chronic cases and may do much harm to weak babies. Cathartics are usually unnecessary and other drugs are not indicated. Digestants are of no service.

Indigestion from excess of fat. Fat is the commonest trouble maker in the artificially fed. The results of disturbed digestion of fat are more far-reaching, more lasting and more difficult to correct than those of any other element. In severe cases there is marked disturbance of salt metabolism, with resulting appearance of rickets or spasmophilia.

The principal symptoms are vomiting, abnormality in the stools, failure to gain, or more often progressive loss. Anorexia, flatulence and colic may be present. There are four important clinical types in fat indigestion. These are characterized by, 1st, vomiting; 2nd, soap stools; 3rd, stools containing soft, fatty curds; 4th, loose, green stools.

In the first type vomiting and loss of weight are the only symptoms. The stools will very likely be normal, because the excess of fat is vomited. The vomiting usually occurs at the middle or end of the feeding interval, is sour, and may contain soft, flaky curds.

In the second type, that of soap stools, clinical symptoms are not marked. Failure to gain is hard to account for unless we make a microscopic examination of the stools, which are usually white or gray, large, hard and dry. The macroscopic appearance may, however, not be very abnormal. Microscopic examination shows excess of soap. Loss of weight is slight in this type.

In the third type, most common in severe cases, the stools contain many soft, small curds, often mucus, and may look like curdled milk. Microscopic examination shows excess of soap, possibly fatty acid, occasionally neutral fat. Loss of weight is marked.

In the fourth variety loose, green stools are present, which irritate the buttocks and much resemble those of indigestion from sugar. In fat indigestion these stools usually represent an acute exacerbation. Loss of weight is very rapid.

Reaction to feeding. Reduction of fat improves the symptoms. The exception is in the type characterized by vomiting. Here the

stomach may be so irritable that the precipitation of casein or the mere presence of food causes vomiting. This may obscure the diagnosis if this fact is not remembered.

Mild or moderately severe cases will gain when the fat is reduced or excluded. As they improve, however, their caloric needs increase. Here we attempt to raise the caloric value of the food by increase of carbohydrate and protein. Carbohydrate is best fitted for this work, but excess easily produces indigestion of its own hook, and protein is uneconomical as a source of energy. In serious cases a certain amount of fat is necessary for proper metabolism. Now if they cannot tolerate an increase of fat we are confronted with the difficult situation of inability to give fat, with inability to gain without it.

In such cases the reaction to increase of fat is often deceptive. There is a gain in weight, and clinical symptoms do not appear at once. The stools become soap stools, but are not incompatible with gain, and may improve. On the other hand, there may occur a sudden appearance of vomiting, fatty stools, and all the gain may be lost in one or two days. Acidosis may set in, the termination may be fatal. Such an exacerbation might be called a fat blow-up. The warning sign is *increasing* fat in the stools, hence the importance of frequent microscopic examination in such cases.

Treatment. The principle is to reduce the fat to a point where the infant can take care of it and to make up the caloric loss as far as possible with carbohydrate and protein. It is never a mistake to reduce the fat to a low point. Much time may be lost by inadequate reductions. Put it down to 1 per cent. anyway, and to 0 in severe cases. The carbohydrate should not exceed 7 per cent., less if there is evidence of carbohydrate indigestion. Dextri-maltose is the best sugar. Protein should be 1½ per cent. to 2 per cent. at the start. Do not use whey because of the salts.

If the baby gains, do not be in a hurry to change the formula, but keep in mind that a weak mixture long continued makes a weak digestion. When fat is increased, let it be $\frac{1}{4}$ per cent. to $\frac{1}{2}$ per cent. at a time, and check up by frequent stool examination, making one two days after every change. Let there be several days between changes.

If there is no gain, or some gain, and then stationary weight, the question arises, is the cause inadequate food or is there too much fat? If the fat is 0 the question is answered, otherwise frequent stool examination will tell the story. If there are fat curds, or large excess of fat, or if fatty acid is increasing, reduce or eliminate the fat. Be sure to eliminate the signs of fat indigestion. Even if there

is gain in weight do not neglect the stools. A fat blow-up may be coming. The mere presence of excess of soap is not indication for change. See if the soap is increasing.

When gain cannot be attained and maintained with the treatment outlined above the case is a resistant one.

Management of resistant cases. Get a wet nurse if possible.

More fat can usually be taken if precipitated casein milk is used. In these mixtures prescribe the amount of fat, carbohydrate and protein, but have the protein as precipitated casein. If this fails, lactic acid milk may be tried. Homogenized olive oil can be obtained put up in acacia and often works well.

In the vomiting cases, that symptom may persist even when all fat is out of the food. Probably the irritant is casein, and the various methods of making casein more digestible should be tried. Dunn recommends sodium citrate, 2 grains to the ounce of milk and cream in the mixture. Do not use lime water. Starch, 0.75 per cent., may help, as may daily gastric lavage. The duodenal tube may be necessary. In this case give as strong a mixture as the intestine will tolerate. Sometimes, if we can stand a period of failure to gain while eliminating symptoms, the tolerance will improve.

Treatment of a fat blow-up. Eliminate fat. Use stimulants and heaters. Intravenous injection of 5 per cent. glucose solution, 3 or 4 ounces, will often obtain a good response.

The prognosis of fat indigestion is grave in severe cases. Recovery is always slow even in mild forms. It takes a long time to establish a normal tolerance for fat. Relapses are frequent and of long duration. The least excess of fat will bring one on.

Indigestion from excess of carbohydrate. The symptoms with the various forms of sugar are essentially the same. I shall not discuss indigestion from excess of starch as this factor is usually not present in bottle babies. The proprietary foods are the worst offenders.

Acute cases are usually indigestion, with fermentation, and will be discussed later. Chronic cases have as their essential symptoms, vomiting, abnormal stools, gas, loss of weight. The vomiting, as in fat indigestion, occurs in the interval, is not constant, and is never the sole symptom, always being accompanied by abnormal stools. The vomitus is sour. The characteristic symptom is the passage of loose or watery, green stools, which excoriate the buttocks. When maltose is the offending sugar the stools are brownish. Gas, with attendant symptoms, is common. If fever is present the case is one of fermentation probably. Loss of weight may be slight or marked.

In bad cases intolerance to fat comes on. The prognosis is usually good.

Treatment. In chronic cases change the sugar. If it was maltose, change to lactose. It is better to begin with about 5 per cent. Fat may be 2 or 3 per cent. and protein 1 to 2 per cent. according to age and weight. If changing the sugar does not work there is intolerance to sugar in general. The sugar must be cut to 3 or 4 per cent., or perhaps eliminated as far as possible. Sometimes a very bad case can take almost no sugar. Here precipitated casein milk or albumen milk will be of value. Whey mixtures are not indicated in this condition because whey contains considerable milk sugar.

Before leaving the division of carbohydrate let me mention the sugar baby. This type of infant is common among those fed on proprietary foods. This baby is large, bright, and has no abnormal clinical symptoms, but on physical examination we find that the flesh is doughy, abdomen pot-bellied, muscles flabby, the liver and spleen are enlarged, often the lymph nodes also. The size and the doughy flesh are easily understood when we realize that it takes 3 parts of water to store 1 part of sugar. Such a baby has poor resistance to infection.

Indigestion from excess of protein is usually due to the casein. The two main types are vomiting of curds and the passage of casein curds in the stools. Colic is apt to be present. Usually the number of movements is not increased. Loss of weight is generally slight. The prognosis is good.

The treatment best fitted in the earlier months of infancy is the whey mixture. Whey contains about 0.8 per cent. of protein. Fat and carbohydrate should be suited to the age and weight. Some casein will, of course, be added by the protein contained in the cream. In older infants the first step is reduction of the protein. Remember, however, that a baby needs 0.75 gram per pound of body weight to maintain itself. If simple reduction of protein is not sufficient, the treatment depends on whether vomiting or the passage of curds is the chief symptom. In the former case the addition of alkali finds its chief place. In the latter type we may boil the milk, add alkali or starch. Precipitated casein is often useful. Peptonization is rarely necessary. In an infant over six months old the use of cereal diluent kills two birds with one stone.

There is a type of protein indigestion characterized by the passage of loose, brown, musty stools. Here the treatment is to exclude protein for twenty-four hours and then add it gradually.

The question of protein anaphylaxis does not come within the scope of this paper.

Indigestion with fermentation, or fermental diarrhoea, has indistinct border lines from indigestion from excess of food on the one hand, and from infectious diarrhoea on the other. From the first it is distinguished as a condition bacterial rather than functional, and from the latter as a saprophytic rather than a parasitic affection. The exciting cause is abnormal fermentation or putrefaction in the intestine, but the contributing causes are indefinite. Although it is a disease of summer and fall, bad milk is not the whole story.

Pathological changes, absent in the groups heretofore discussed, are slight. The mucous membrane is injected and often a slight excess of mucus is secreted. Bacteria do not invade the intestinal wall and do not enter the circulation in appreciable numbers. In the severe cases there may be toxic degeneration in the liver and kidneys. Secondary ear and lung infections are not rare. Little is known of the bacteriology.

Symptomatically, the affection is characterized by diarrhoea, fever, loss of weight. The cases are usually acute. In the mild type, the infant suddenly begins to have watery diarrhoea, stools varying from eight to twenty or more. There is mild fever, 101. Toxic symptoms are slight, vomiting is uncommon, anorexia is present. The weight drops. In severe cases the diarrhoea may not be more, but fever is higher, 104. It rarely persists more than a few days, and often the temperature is subnormal after the first twenty-four hours. The most marked symptom is prostration, with cold extremities, hollow appearance of the eyes, failure to notice or stupor. Marked restlessness is common and muscular twitching may be present. Vomiting is variable and not characteristic.

The stools are not diagnostic of the type of bacterial activity, but in practice we say that green, excoriating, acid stools containing mucus indicate carbohydrate fermentation, and brown, foul, putrid, alkaline stools indicate protein putrefaction. The diagnosis from diarrhoea from excess of food rests mainly on fever and the severity of the symptoms. The stools of infectious diarrhoea consist largely or wholly of mucus, are without signs of fermentation, and usually show blood in streaks. In this condition fever is more prolonged. Prognosis depends on the severity. Mild cases usually recover, although relapses are common. Severe cases, especially if improperly treated, are apt to die.

The treatment in its general principles is to empty and rest the intestine, supply fluid, and give the food that combats the process which is in the ascendant. The first step is thoroughly to empty the intestine. If diarrhoea is already excessive, nature is doing her best, otherwise give 3 or 4 teaspoons of castor oil, depending on the age.

If this is vomited, give calomel in divided doses, followed by 2 or 3 teaspoons of milk of magnesia. Do not, in acute cases, give opium to check the diarrhoea. Death from locking up of toxins may result.

Withhold food for twenty-four hours, but be sure to give as much water as the baby took of formula. It may be necessary to use a tube or even put it into a vein. Fat-free lactic acid milk is the ideal food. Use Bulgarian bacillus. The object is the correction of abnormal bacterial activity. This milk has low percentage of carbohydrate and thus good when fermentation is present. Lactic acid bacilli inhibit the protein putrefiers and so benefit if those are in the ascendant. Furthermore, the protein is finely divided and so more easily digested.

If this is not practicable, modified skimmed milk may be used. Dilute it half and half. If fermentation is in the ascendant raise the protein to 2 or 2.50 per cent. with precipitated casein, Larosan or Casec. If putrefaction is the trouble, raise the sugar to 7 per cent. with lactose, because that sugar is the one that increases the normal fermentive flora.

Whey, albumen water and beef juice should not be used. The former is high in sugar and therefore not suitable if fermentation is the cause, and the others may have no other effect than sensitizing the baby.

Special treatment. Collapse is best treated by giving fluid. Proctoclysis usually doesn't work. Put salt solution into the longitudinal sinus, not over 4 ounces at a time. If acidosis is present use intravenous injection of sodium bicarbonate, 60 grains in 4 ounces of water. Glucose, 5 per cent., is a good addition to this, because often the collapse is due directly to starvation. Caffein sodium benzoate, $\frac{1}{8}$ to $\frac{1}{2}$ grain, subcutaneously will often help. For the toxic nervous symptomis try a cool sponge. Sodium bromide, 5 grains, is the best of the drugs. Obstinate vomiting is best treated by lavage with soda bicarbonate, teaspoon to the pint of water.

After-treatment. When the symptoms have been relieved, water retention will produce a rapid gain in weight. Look out for edema, especially if symptoms persist. If lactic acid milk has been used, alternate it with a weak formula. Make haste very slowly. Fat intolerance is often easily produced. If there is a relapse, we must begin all over again.

From the foregoing discussion a general plan of management of feeding cases and a few simple rules may be worked out. Get a careful feeding history, noting the various formulas and the infant's reaction to each, if the case is one of long standing. It is surprising how often the same error is carried over from one formula to another,

especially if one patent food after another is used. Rule out organic disease by a good physical examination, not forgetting pyelitis, ears and tuberculosis. From the data thus accumulated, try to pin the diagnosis on to one offending element. Such a diagnosis, showing what element is in excess or is difficult of digestion in the particular case, points straight to a rational formula.

Sometimes the history is unobtainable, or so mixed that no conclusions can be drawn. If the character of the stool gives no clue, then we must blindly use a trial formula. I have found in the average case that milk and water or barley water, equal parts, and carbohydrate, 6 per cent., in quantities suitable to the age of the baby, is a good one to start on. The baby's reaction to this gives us the clue to changes.

Make the parents understand, especially in cases of long standing, that time may be necessary to get the baby going and that symptoms must be relieved before gain is to be sought for. Much patience is often necessary in the face of disappointments.

Try to have a definite reason and a definite object for any change of formula, and give each formula a good chance before discarding it. In other words, have a definite plan and stick to it until it is proven impracticable, or results are obtained.

Do not pin faith on proprietary foods or pet formulæ. There is no universal food. Fit the food to the baby. Incidentally, I may say that I believe that the great majority of the feeding cases we see can be made to do well on a simple mixture of milk and water with added carbohydrates, sometimes including starch. Sometimes the addition of starch will do wonders. Drugs are of very little use.

Do not worry about calories. Feed the baby all he will stand, but do not push him too fast. Be suspicious of very large gain in weight. This may mean that the baby is being pushed to the limit of tolerance and it may not take much to bring about an explosion. Use as much of some sugar as can be taken without diarrhoea. Increase of sugar will cure *some* cases of constipation.

Loss of appetite is a common sign of beginning fat indigestion or scurvy. Orange juice should be used in nearly all cases at from four to six months.

Visit all feeding cases once a month. Do not be content to start a baby on the right path. Keep it there. This is an attention that mothers appreciate much.

Never forget the importance of detail. Go into detail with the mother in the preparation and administration of the food. Go into detail with the mother in the daily hygiene of the baby, an immensely important matter. If we give detailed instructions, based on an accurate diagnosis of the digestive disorder, we should have a high percentage of successes.

Necrology.

HERMAN LINWOOD BARTLETT.

Norway, 1867-1923.

Dr. Bartlett, a former President of our Association, and a highly prized member, never failing in his attendance upon our meetings for years past, drove down to Portland from his home to see a favorite patient at the Maine General Hospital, drove safely home again on the night of July 20th last, went to bed as usual, and died peacefully without a sound or a struggle before the dawn of day of the 21st. He had exhibited some slight symptoms of cardiac failure for a year before his death, but his departure was totally unexpected at the end.

A more delightful man to meet or to whom to listen in debates on medical papers in the sessions of our Association has rarely been known in Maine. His output of medical papers was not prolific, but a paper of his on "Pellagra in Maine" was epoch making at one of our meetings and was followed with a delightful discussion. His annual address as President was replete with useful information and charming with hints and persuasiveness. The main theme of this excellent although brief paper was that the people of Maine have no idea of what the physicians of the state have done for the public health. It is as hard to convince people of the need of sanitary laws as it is difficult for us to avoid giving the impression that in our efforts we are trying to create a medical monopoly.

Dr. Bartlett presided at the memorable session at Poland, where the proprietors so magnificently entertained our Association and our ladies.

Our former President was born in Stoneham, October 17, 1867, the son of Jonathan and Frances Hall Bartlett, studied at Bridgton Academy and at the University of Vermont, and obtained his medical degree at the medical department of his prized Alma Mater in 1891. Settling at once in Fryeburg, he took intense interest in the public schools and in the public health, but after four years of steadily increasing practice he removed to Norway, where he remained for the rest of his busy life. As at Fryeburg, so at Norway, he continued his labors for the benefit of the public health and the schools, and kept them steadily in motion until his practice extended so widely that he was obliged to abandon their supervision, although with much regret. Although held in high repute as a consulting physician, he did not do anything but minor surgery, preferring to leave the capital operations to those who were more skillful in that branch of practice.

From time to time he attended post-graduate courses, was no farmer himself but liked to admire the good farms of others, and drove good horses as long as horses ruled the road and locomotion.

Dr. Bartlett married, in 1897, Miss Edith Marcia Stearns, of



HERMAN LINWOOD BARTLETT.

Lovell, and is survived by her and by four children. He leaves a most excellent reputation amidst a large circle of friends and physicians in Maine, and was admired by all who knew him as a charming gentleman and courteous physician.

J. A. S.

JOURNAL OF MAINE MEDICAL ASSOCIATION*Editorial Staff.*

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**DORMITORY FOR MEDICAL STUDENTS AT THE
HARVARD MEDICAL SCHOOL.**

We have received a circular asking for about a million of dollars for a dormitory for housing medical students at Harvard, near to the Medical School. The idea is to bring the students together, to increase their comfort, to have them near at hand to instruction and to clinical material, and to promote sociability and good health. The ideas are sound, and the Harvard members of our Association to whom this appeal has been made, and to which we call brief attention in the JOURNAL, ought to take pride in their Alma Mater sufficient to make pledges of support for the building of the proposed dormitory. There will be single and double rooms, good baths, a hall for meals and for attendance at meetings for instruction and for entertainment. The plans are excellent, the exterior design handsome, the interior arrangements perfection, and it is to be hoped that all who are interested in medical education will help out in the design.

Those who can afford to give should give at once, and, as has been said, the interest on the \$225.00 looked for from each Harvard medical graduate is only \$9.00 a year. Those who cannot impair their income may sagely remove their mite from the savings banks and give now for the good cause—good, for it helps a lot of students everywhere, and its benefits will ultimately show themselves in practitioners entering the ranks four years from now and for many years to come.

J. A. S.

THE VALUE OF HEALTH.

Health is something more than merely the absence of disease. It is a quality of one's life. But most people appreciate health only when they have lost it.

How true this is may be realized from such striking experiences as that of the army in the recent World War, or that of certain large industrial concerns, or from examinations made in cities like Framingham, Mass. In the draft army, for instance, over a million and a quarter men realized for the first time in their lives that they were not healthy. In fact, more than one-half of this number found out that they were decidedly unhealthy, so much so that they could not fight for Uncle Sam. Examinations of men in large industrial corporations, such as the Metropolitan Life Insurance Company, the International Harvester Company, Sears, Roebuck & Company, the Bell Telephone Company, and many others have clearly shown that the average person who thinks he is in good health usually is carrying about in him seeds of disease, and that he has defects and impairments which, if not corrected, will lead to serious trouble in later life. In Framingham, Mass., where practically a whole town was examined, it was found that 77 per cent. of those who came for examination had more or less serious disease problems of which they knew little or nothing.

It has also been found from experience that the only safe way to know whether you are healthy or not is to have an examination at reasonable intervals, say every six months or a year. Most of the large industries of the country are coming to realize that there is a great deal more to production than merely the provision of machines, and the sales and distribution forces. A medical and nursing staff to examine the men and women in the company and to advise with them regarding their health is absolutely essential. Take, for example, the experience of the National Cash Register Company. Last year the average sickness in that plant of several thousand employees was reduced to one and a half days per person. The United States Public Health Service has computed that the average loss from sickness in industrial concerns throughout the country is between seven and nine days per person. The National Cash Register Company achieved its very low record by periodic medical examination and the correction of remediable defects among its employees.

A health examination is nothing more nor less than good common sense. The body is the most delicately adjusted mechanism there is in the universe. Not even the finest watch or other instrument can compare with it in intricacy of adjustment. No mechanic

thinks of running his machine indefinitely without giving it a rest and without overhauling it from time to time. Why abuse the body and run it night and day without ever thinking of overhauling it except *when* it breaks down? The time to overhaul the body is *before* it breaks down.

Take such a disease as tuberculosis, for instance. This can be detected in very early stages and can be cured if it is discovered in time. The private files of thousands of physicians in every part of the country bear tragic testimony to the thousands of men and women who waited until it was too late to overhaul their bodies, and who, as a result, were in the advanced stages of tuberculosis before they knew it.

It is a well-established fact that a great many minor ills, such as apparently harmless diseases of the teeth, the nose, the throat, the kidneys, or of some other part of the body, play an important part in not only causing tuberculosis, but also in other serious and deadly diseases of middle life. The wise man will have his body overhauled as he overhauls his machine and will find out what is the matter with him in time to correct the difficulty.

The Christmas seal sale conducted by the national, state and local tuberculosis associations of the country is an annual opportunity for everyone to contribute to a life-saving campaign which will help all alike. It teaches men and women how to live and how to keep their bodies well. It aims to make health a positive quality of life. Have you bought your Christmas seals?—*National Tuberculosis Association.*

County News and Notes.

AROOSTOOK.

AROOSTOK COUNTY MEDICAL SOCIETY.

The semi-annual meeting of the Aroostook County Medical Society was held at the Mooseleak Club rooms in Presque Isle on October 9, 1923. Dr. F. E. Bennett, President, occupied the chair.

The following doctors were present: Drs. Fulton, Huggard, Bennett, Sawyer, Kalloch, Tarbell, Chamberlain, Kinney, Boone, Carter, Sincock, Doble, Gregory, Harmon, Haggerthy, Banton, Mann, Mitchell, Hill, Graves, Brown and Potter.

The following visitors were recorded: Dr. C. A. Moulton, Hartland, President of the Maine Medical Association; Mr. W. D. Thurber, Augusta, Executive Secretary of Maine Public Health Association; Dr. G. H. Coombs, Augusta, head of the Department of Venereal Diseases of the United States Public Health Service for Maine, and Dr. James McFayden, of Milo, Councilor for the Sixth District of Maine.

The minutes of the last meeting were read and approved.

Dr. F. W. Mitchell, chairman of the Entertainment Committee, gave his report of the joint meeting of the Maine and New Brunswick Societies, held in Houlton on June 6th and 7th.

A vote of thanks was tendered to the Carlton County Medical Association for their aid, and also to the Houlton Elks Club for the use of their building.

The literary part of the program was then taken up. Dr. C. A. Moulton, of Hartland, read an interesting and instructive paper, his subject being, "The Principles of the Maine Medical Association and the Laity's Idea of the Physician." Mr. W. B. Thurber, of Augusta, was present and read a paper on "Co-operation of Physician and Layman in Public Health Work." Dr. Storer Boone, of Presque Isle, was unable to be present, but remarks were made on "Insulin" by Drs. Mann, Boone and Gregory.

The morning session adjourned and dinner was served at the Presque Isle House.

At 2.00 P. M. the meeting was again called to order by President Bennett and the society had the pleasure of listening to an

illustrated lecture on the latest developments on "Diagnosis and Treatment of Venereal Diseases," by Dr. G. H. Coombs, of Augusta. Dr. Lorin F. Carter, Superintendent of the Northern Maine Sanatorium, Presque Isle, read a most instructive paper on certain phases of tuberculosis work. Dr. F. L. Gregory, of Caribou, gave a report of two very unusual cases occurring in his practice. The last paper was read by Dr. F. W. Mann, of Houlton, the subject being "Medical Legislative Problems."

Owing to the lateness of the hour the inspection trip to the Northern Maine Sanatorium was abandoned.

The meeting was then adjourned.

JOHN G. POTTER, M. D.,
Secretary.

PENOBCOT.

PENOBCOT COUNTY MEDICAL ASSOCIATION.

There was a large attendance at the regular monthly meeting of the Penobscot County Medical Association, held at the Bangor House, Tuesday evening, October 16, 1923.

The business session was held at 7.30, with Dr. C. J. Hedin, Superintendent of the Bangor State Hospital, presiding.

C. A. Moulton, of Hartland, President of the Maine Medical Association, addressed the meeting on society matters.

The business session was followed by a dinner, at which Dr. W. C. Peters gave a very interesting paper on "Common Problems in Fracture Work" and Dr. Forrest B. Ames spoke on "The X-Ray as a Diagnostic Measure in Fracture Work."

The following doctors were present: C. A. Moulton, Hartland, C. J. Hedin, W. C. Peters, F. B. Ames, D. A. Robinson, H. L. Robinson, Galen Woodcock, Allen Woodcock, W. E. Fellows, A. W. Fellows, B. L. Bryant, W. S. Purrington, L. H. Ford, H. M. Chapman, J. B. Thompson, A. E. Small, M. W. Emerson, L. J. Wright, E. R. Herlihy, H. C. Scribner, H. W. Osgood, W. S. Berenson, J. F. Starrett, A. K. P. Smith, J. E. Clement, C. H. Burgess, H. S. Goodwin, A. H. Schriver, L. S. Mason, C. P. Thomas, C. M. Thomas, J. A. Lethiecq, J. P. Russell, South Brewer, A. J. Bradbury, Oldtown, S. N. Marsh, Enfield, J. J. McVety, Corinna, L. H. Smith, Winterport.

HARRY D. MCNEIL, M. D.,
Secretary.

NEW AND NON-OFFICIAL REMEDIES.

The following articles have been accepted by the Council on Pharmacy and Chemistry for inclusion in New and Non-official Remedies:

Cheplin's Biological Laboratories:

Cheplin's B. Acidophilus Milk.

Lederle Antitoxin Laboratories:

Diphtheria Toxin Antitoxin Mixture (0.1 L+)—Lederle,
30 cc. vials.

H. K. Mulford Company:

Diphtheria Antitoxin Standard—Mulford.

Diphtheria Antitoxin Superconcentrated—Mulford.

Parke, Davis & Company:

Antidisenteric Serum—P., D. & Co.

Protein Extracts Diagnostic—P., D. & Co.:

Colon Bacillus Protein Extract Diagnostic—P., D. &
Co.; Gonococcus Protein Extract Diagnostic—P.,
D. & Co.; Micrococcus Catarrhalis Protein Extract
Diagnostic—P., D. & Co.; Pneumococcus, Type I,
Protein Extract Diagnostic—P., D. & Co.; Pneumo-
coccus, Type II, Protein Extract Diagnostic—P.,
D. & Co.; Pneumococcus, Type III, Protein Ex-
tract Diagnostic—P., D. & Co.; Pseudodiphtheria
Bacillus Protein Extract Diagnostic—P., D. & Co.;
Staphylococcus Albus Protein Extract Diagnostic—
P., D. & Co.; Staphylococcus Aureus Protein Ex-
tract Diagnostic—P., D. & Co.; Staphylococcus
Citreus Protein Extract Diagnostic—P., D. & Co.;
Typhoid Bacillus Protein Extract Diagnostic—P.,
D. & Co.

Silver Nitrate in Capsules—P., D. & Co.

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The Journal assumes no responsibility for opinions expressed by the authors.

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No. 5

*FRACTURES.

By WALTER W. WHITE, St. John, New Brunswick.

I desire, in the first place, to express my appreciation of the honor done me in being afforded an opportunity of contributing to the program of this interesting and instructive meeting—truly an historic event, a milestone in the progress of our profession, another strand in the bond of friendship and common aim which unites the citizens of Maine and the subjects of New Brunswick, members of a great hereditary priesthood, practitioners of the healing art.

I have placed at the head of my paper the word "Fractures,"—perhaps not a very suitable title, for I have no intention of discussing at length before this assemblage the pathology, diagnosis and detailed treatment of these common injuries. All of you are familiar with them. I am using the expression rather as a peg upon which to hang a few ideas which may or may not appear useful.

Fractures are so common in the practice of all of us that no excuse is necessary for introducing such a subject. They are especially common in this northern part of the continent, where the insecure footing consequent from icy roads and streets, during the winter season, causes frequent falls and frequent fractures.

Now, we must get away from the idea, if any hold it, that the bony skeleton is composed of a passive tissue; that it is a preformed scaffolding upon and within which the soft parts are placed; that it in

* Read before the Maine Medical Association, June 7, 1923.

any way is akin to the inorganic world, a framework of metal and stone. Nothing could be further from the truth. Practically, bone is connective tissue arranged in a special manner and having the intercellular substance impregnated with lime salts, chiefly the phosphates. The amount of these salts, while constant for each bone during healthy adult life, varies slightly with age and very much with disease. Compare the soft and yielding osteomalacia with the hard and ivory-like osteosclerosis.

In early embryonic life bone is laid down as membrane or cartilage. This is calcified rapidly, but the bone cells, osteoclasts and osteoblasts, immediately set to work to metamorphose it, and produce the structure with which we are so familiar. By processes of absorption and deposition, the haversian systems are formed. The central canal, containing the vascular, nervous and lymphatic supply of the part, is surrounded by concentric rings of small cavities, containing each a bone cell, and connected with one another and with the main source of supply by canaliculi. Increase in thickness is attained by superficial addition from the periosteum. Medullary cavities of long bone arise from central absorption, while growth in length is accomplished by the insertion of a cartilaginous disk, separating the extremity or epiphysis from the shaft or diaphysis. The continuous growth of this cartilage during a fixed period for each bone, and the continuous invasion of its central surface by true osseous tissue, is the mechanism by which extension is carried out. It is well to remember in this connection that in the extremities (the arms and legs), the epiphyses, which unite last, and so contribute most to growth, are situated at the knee in the leg, and at the shoulder and wrist in the arm. The nutrient arteries, for some unexplained reason, are directed away from the point of greater growth. Man, therefore, in a crouching attitude, with his head in his hands, has his best growing epiphyses up and the direction of his nutrient arteries down. So much for development and growth.

But this very wonderful tissue, with its remarkable history, has a reparative power far in excess of the majority of the others. Brain tissue, when destroyed, is replaced by fibrous tissue, muscle is replaced by fibrous tissue, but bone is replaced by bone. Briefly, a provisional or ensheathing callus unites the fragments externally; an internal callus arises from the medulla and these unite; the portion between the fragments ossifies; the outer and inner calluses are absorbed and repair is complete.

Why is our skeleton shaped as it is? What are the forces which bring this about?

The human skeleton, through countless aeons of evolution, has

reached its present perfected condition. It is primarily for the protection of the vital organs and incidentally the limbs have developed,—the upper for prehension and the lower for locomotion. If we examine the skeleton of a very early embryo, the general plan of the individual bones is apparent, but no hint is given as to the ultimate result. That result, in the limbs, especially, is only reached when the part has exercised its complete functions. The forces which fashion it are the push and pull of the muscles, the stress and strain, the twist and bend, and the action of the force of gravity. When bone comes into conflict with soft parts, it is invariably the loser. The soft aneurism of the thoracic aorta will erode the hard vertebrae and ribs. In examining a macerated specimen, one can tell with the eyes shut the origin and insertion of a tendon or aponeurosis. The stimulating effect of the attachment has compelled a slight ossification at the site. Example: The insertion of the deltoid into the humerus. From similar causes the spines, crests, lines and other prominences came into existence, and their relative development is an expression of their usefulness. The laboring man bears upon his skeleton the marks of his toil. The line through which weight is transmitted is stimulated into osteogenetic activity and there we find a bar of compact tissue. This determines the build of the bone, while the pressure and pull of the muscles moulds the surfaces. If "constant dropping will wear away a stone," constant pressure will wear away bone.

A notable example of the effect of our muscles in moulding our skeleton is seen in the case of hare-lip and cleft-palate. The infant may present a wide gap in the roof of its mouth, caused by arrested development of the palatal processes of the superior maxillæ and the horizontal plates of the palate. The case appears inoperable. If now the hare-lip be repaired, the pressure of the face muscles is brought into play and this will so mould the bony parts that by the end of two years, or less in many instances, it may easily be repaired by the ordinary staphylorrhaphy.

I have endeavored in the above to demonstrate the adaptability of bone to its environment, to explain the reason why we are as we are, and to explain our morphology. It may be asked, what has this to do with fractures? A very great deal. Upon the knowledge of the growth, development and repair of bone, upon the knowledge of the forces which fashion our frame, is based the treatment of those injuries which result in its destruction.

The diagnosis of fractures has been greatly facilitated by the use of the X-ray, but this valuable adjunct should not be relied upon to the exclusion of inspection, palpation and mensuration, formerly the only

means at our disposal. See to it that our right hand does not forget its cunning. The information obtained by the X-ray may be and frequently is misleading. A radiograph is not a picture. It is a shadow, and as such varies with the distance of the object from the plate, the distance of the light from the object and the direction of the light. What grotesque caricatures of our forms do we project upon the pavement on a sunny day; yet those projections are the result of the same optical laws as the radiograph. The lesson to be drawn from this is that the professional radiographer's opinion should be obtained wherever possible in important cases, not only for the purpose of diagnosis, but for showing the results of treatment as well. Fractures are frequently causes of litigation, and even where functional results are fair and deformity slight, a badly taken or badly interpreted radiograph may greatly magnify the displacement of parts, and, held up before a jury of laymen as evidence, be the cause of a miscarriage of justice. The radiograph has no place in the court room. Information obtained by its means should be communicated by the written report of the expert.

In treating simple fractures of the shafts of long bones, reduction is usually accomplished by extension and counter extension, combined with manipulation, and these principles applied by the various appliances of the surgeon will in the great majority of cases be sufficient. The great desideratum is to overcome shortening. If this be secured, angular deformity is impossible and lateral pressure, as by coaptation splints in the thigh and by fracture boxes in the leg, will overcome lateral displacement. A useful mechanism for extension is the Balkan frame; as is also the Thomas' knee splint, so greatly used in the war. Remember that absolute mechanical replacement, while highly desirable, is not essential. The same forces which I spoke of as responsible for the skeletal morphology are still in action—stress and strain, push and pull, and the weight-bearing lines. They will do much to smooth down irregularities, round off convexities and fill in concavities and so remodel the broken bone that it will function equally with its fellow.

The operative treatment of simple fractures, so enthusiastically advocated and generally practiced by Sir Arbuthnot Lane and his followers, will, in my opinion, be rarely necessary. Lane is a wizard. His mechanical skill is wonderful, his technique is unexceptional, and in his hands the results have been brilliant. To use his own words, "The careless technique of the abdominal surgeon is not sufficient here." And he is right, absolutely right, and presents the strongest possible argument against its indiscriminate employment. The peritoneum has marvellous defensive mechanisms, far in excess of the muscles. Lane,

after towelling off the surrounding skin, by clipping the edges of the incision, avoids all manual contact with the wound. His instruments are long-handled. He uses heavy, ingeniously devised levers and crushes all bleeding vessels by a special forcep which does away with the necessity of ligatures. The slightest flaw in this technique may mean infection; the simple fracture becomes an infected compound one. I need not go on. In any case, the metal Lane plate, the means he uses to secure apposition, is a foreign body, even if an aseptic one.

I had the pleasure of attending a meeting of the British Medical Association, held in London in 1910. On that occasion a committee was appointed to report on this very subject, and the report, while admitting the usefulness of the open method of treating certain cases of fracture, far from endorsed the procedure as generally applicable. I do not wish to convey the idea that I am opposed to the operative treatment of fractures in selected cases. I have had experience in my own practice and have found it satisfactory. What I believe is that it has its uses, but in a limited field. What is this field? I would say when reduction could not be maintained by extension and splints; when non-union or vicious union is present, and in some cases of compound fractures. Many mechanical devices other than steel plates are at our disposal—wires, screws, bone pegs, nails, etc. .

A distinct advance was made in home surgery by the introduction of the sliding bone graft and the inlay graft. Several years ago I treated a returned soldier, who had had a portion of the body of his mandible shot away. The gap was three-quarters of an inch wide and mastication impossible. By inserting an inlay graft cut from the tibia, using the Albee twin circular saw, driven by an electric motor, I was enabled to bridge the gap and so stimulate the osteogenetic processes that firm union occurred, and when I heard from him recently he was able to chew his food as well as ever.

A few words on the treatment of fractures occurring in the vicinity of joints. These are among the most difficult injuries to treat. I believe the best results are obtained by early massage, combined with passive and later active movements. The long continued use of the retention apparatus is disastrous. I once heard a distinguished professor of surgery at Edinburgh state that should he be so unfortunate as to sustain a Colles' fracture, he would allow no splint to be applied other than a postage stamp. An exaggerated statement of the right idea. By causing the injured limb to function, its blood supply is improved, repair accelerated and crippled sinovial adhesions reduced to a minimum. This method was largely introduced by Lucas Champon-

nier, of Paris, in 1895. A very interesting law suit was the result of the introduction of this form of treatment into England. Mr. Lynn-Thomas, a young surgeon, treated a fracture at the upper end of the humerus without splints. The result was disappointing, as is so frequently the case in these injuries. The patient brought an action against his surgeon and the court charged that, as the application of splints was the recognized treatment of fractures, the defendant was guilty of malpractice, and the jury found accordingly, assessing heavy damages. This verdict aroused such indignation among the members of the medical profession that a subscription was taken up, not only in England but in Canada, also. The damages and expenses were paid and a banquet was tendered Lynn-Thomas, at which Lucas Champonnier presided. The mind of the learned judge was evidently cast in a mould similar to the one of the gentleman whose epitaph read:—

"Here lie I and my three daughters,
Who died from drinking Cheltenham waters;
If we had stuck to epsom salts
We wouldn't be in these 'ere vaults."

To slavishly follow the methods of our predecessors strikes at the root of all progress. For centuries the medical world lay paralyzed under the spell of the teaching of Galen, and it was not until the revival of learning that men began to think for themselves, to observe and to experiment. Then, and only then, began that forward march which has placed us in our present proud position.

In concluding this sketchy and somewhat disjointed paper, I would emphasize the points which I have endeavored to make clear:

1. The forces which fashioned our frame are continuously in action and in most cases are sufficient to correct moderate deformities arising from fracture.
2. The findings of the X-ray, an invaluable aid in diagnosis and treatment, must be considered with a due appreciation of their possible fallacies, and, in doubtful cases, should be read by an expert radiographer.
3. The field for the operative treatment of simple fractures is limited and it should never be lightly undertaken.
4. In fractures in the vicinity of joints, early massage, combined with passive and active movements, accomplish best results.

CO-OPERATION BETWEEN PHYSICIAN AND LAYMAN IN PUBLIC HEALTH WORK.

By WALTER D. THURBER, Executive Secretary, Maine Public Health Association.

To the Officers and Members of the Aroostook County Medical Society:

The success of the public health movement in Maine, or any other state, depends upon two things:

1. The establishment of a medical policy that is fundamentally sound.
2. An organization composed of both physicians and laymen for the development and carrying on of a practical program of health education.

A medical policy that is fundamentally sound must first of all be correct from a medical and scientific standpoint. Exploded myths and impractical theories must be eliminated in such a policy. The wise counsel and scientific leadership of the recognized medical profession must determine the essential points in a sound medical policy for any program of public health work.

All practical public health work must be and is based on certain well-established facts which have been developed by members of the medical profession. The purpose behind a program of public health work is to convey these facts to the general public. To do this work well requires an organization. Since the purpose of a public health organization is to interpret certain medical facts to the lay mind, such an organization should be composed of physicians and of laymen who are leaders in the several lay groups which compose the mass of our population.

It causes keen regret to the physician in charge of a case and general regret in the community when death occurs, if that case is young in years. The regret that is felt in the death of an older person—one who has had an opportunity to round out a lifetime of usefulness and productivity—is of an entirely different sort. Public health work seeks to prolong life. Public health workers and intelligent laymen in all walks of life realize that delay in calling for medical service in the event of illness, or threatened illness, decreases the chance for ultimate recovery. For that reason one of the important elements in public health work has to do with early medical attention in all cases of illness, and we are now strongly advocating annual medical or health examination for all persons, young and old. Such an annual examination will frequently

reveal the presence of beginning disease or infirmity long before the individual suspects that anything is wrong with his bodily mechanism.

Co-operation implies teamwork—a harmonious working together. It has pointed out that in public health work success can be had only by intelligent co-operation between physician and layman. At this point we might consider some of the things that the physician and the layman each can do in this great field of public service.

First of all, the physician supplies the expert medical knowledge upon which all constructive health work is based.

Second, the physician, through conferences and through membership on boards of directors, committees, etc., of public health groups, can help the layman interpret for the lay mind of the general public the important facts which the medical profession has developed.

Third, the physician, through lectures delivered to lay groups, such as women's clubs, granges, commercial clubs and other organizations, can do and is doing an important field service in the public health movement.

In developing a practical and a comprehensive program of public health work, the layman has certain distinct opportunities. Among them are the following:

To confer with medical authorities on the preparation of the program of work to be done.

To devote considerable time toward the actual carrying out of that program.

To raise funds with which to do the work.

To arrange meetings for the presentation of lectures to be delivered by physicians and in certain cases by laymen. The layman who is a member of such state-wide groups as the grange, the clubs, the parent-teacher association, etc., can through his own personal influence interest his associates in such organizations in the health program of his state.

This principle of actual and cordial co-operation between physicians and laymen has become thoroughly established in health work in America. In this connection it might be well to review the situation in Maine as it applies to this principle.

The Maine Public Health Association is incorporated under the laws of Maine as an educational institution. It was the natural development from its parent organization,—the Maine Anti-Tuberculosis Association, which has a long record of constructive service to Maine. It was formed for several reasons, but chiefly these:

1. In other states a tendency had developed toward the formation of several different types of volunteer state-wide health organizations,

each dealing with some specific health problem, each with separate offices, separate programs, separate budgets, separate money-raising campaigns, etc. The men and women active in volunteer public health work in Maine believed that our state was too small to support several types of state-wide volunteer health work.

2. Economy in office and field service.
3. The various phases of public health work all hinge to a great extent upon the following points:
 - (a) The early detection of disease and prompt steps for its control.
 - (b) Periodic health examination of all persons in order to discover disease and developing infirmities while there is yet time to treat them successfully.

These reasons seemed to the leaders in the Maine Anti-Tuberculosis Association to be more than sufficient to justify a re-organization and thus the Maine Public Health Association came into existence.

The first step taken was a series of conferences on the preparation of a program of work to be done. Maine leaders in all walks of life were consulted. These included physicians, manufacturers, club women, editors, grangers, labor leaders, educators, bankers and many others. Their suggestions were tabulated and the various proposals were then placed before a committee named by the Maine Medical Association for criticism and counsel. This cordial co-operation between Maine physicians and laymen resulted in the program of work which the Maine Public Health Association is putting through with the very helpful assistance of local health organizations throughout the state.

The entire program involves too much detail to present here to-day, but it might be said that it falls into several sections. All of them, with the exception of our nursing service, our school work, and our dental hygiene section, are headed by members of the Maine Medical Association. More than half of our local organizations are headed by representative physicians who are active in the Maine Medical Association and their county medical societies. All of our publications dealing with medical matters and all of our medical policies are submitted to our medical advisory committee, which also serves the Maine Medical Association as its committee on public relations. This same committee—carrying out both the spirit and the letter of the co-operative relationship which exists between the Maine Public Health Association and the organized medical profession in Maine—has brought about the appointment, by county medical societies throughout the state, of similar con-

ditions which lie in the local medical societies and the local public health groups.

Thus we have in Maine a real partnership which is doing a real public service. The medical profession is making a contribution of actual service and wise counsel of the sort that no group but the medical group could make. The leaders in the various lay organizations are making contributions of time, money and service which are so essential to the success of the work. Both are needed and both have proved their value.

Through this two-horse team of scientific and volunteer effort, both earnestly supporting the state and local health officers in their efforts to carry out the provisions of state and local statutes on health matters, both engaged in a work of practical health education, we may reasonably hope to see our home state the healthiest state in the union. To this end the Maine Public Health Association has pledged its everlasting effort to the people of Maine and its continuing spirit of co-operation to the Maine Medical Association and its county societies.

JOURNAL OF MAINE MEDICAL ASSOCIATION

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RULING 1369, INTERNAL REVENUE DEPARTMENT.

Under this ruling of the Commissioner of the Internal Revenue Department, physicians who attend medical conventions are prohibited from deducting their expenses from their annual income. Such an arbitrary ruling as this calls for the best thought of the profession for its consideration. We believe that this ruling should be annulled, because at every medical convention papers are read and discussed for the purpose of increasing medical knowledge, and through the dissemination of such knowledge of improving the health of the nation. This question of protesting against the ruling was brought forward at our annual meeting in June, but nothing came of it, except the general opinion that nothing could be gained by the single voice of our Association.

The topic was, however, not dropped, but taken up by individuals, and letters of protest sent to the President at Washington, and to various national officials. The sum and substance of these letters was to the effect that physicians lost their income in attending medical conventions; that all such conventions, as could be seen from their programs, were for the purpose of bringing forward the latest ideas for the benefit of the patients of the physicians in attendance, and that as a result of such knowledge, when applied to the combined patients of the physicians in attendance as well as to those of readers of the proceedings, when printed, the public health of the nation would be benefitted in many ways.

These reasons, as briefly stated, seemed to appeal to the common sense of citizens, as well as of physicians, and it was confidently expected that some favorable opening for annulment of this unjust

ruling 1369 might be obtained from the replies to the letters sent to Washington.

We regret now to inform the members of our Association that our hopes have been thwarted entirely, as can be seen from the totally opposite and commercial view taken by the Treasury Department of the purposes of medical conventions. The reply from the department here follows and calls for a careful reading.

"Sir: Receipt is acknowledged of your letter of Sept. 13, in which you request that the Bureau Ruling I. T. 1369 be annulled, and set forth your reasons for such request. This ruling provides that:

"'Amounts expended by a physician for railroad and Pullman fares and hotel bills in attending a medical convention are not an ordinary and necessary expense incurred in the pursuit of his profession, and do not constitute allowable deductions in his return.'

"You are advised that expenses incurred by a physician in attending a medical convention are considered to be in the same category as expenses incurred in taking a post graduate course. The latter expenses are clearly in the nature of an investment of capital just as the cost of the physician's medical course is in the nature of an investment of capital. Inasmuch as capital expenditures are not deductible in computing net income, the ruling I. T. 1369 is in accordance with the law. For this reason, your request that such ruling be annulled cannot be granted.

Respectfully, etc.,
Deputy Commissioner _____."

This letter speaks for itself and shows the curious way in which officials look at the profession of medicine.

It is our belief now, that our members should make the beginning of a national medical campaign of protest against ruling 1369, by writing personally to our Senators and Representatives in Congress. We suggest for this purpose some brief formula as follows:

Believing that attendance on medical conventions is a necessary part of our business for the advance of our own knowledge and for the benefit of our patients and ultimately through them for the benefit of the public health of the nation, we urgently request you to study the provisions of Ruling 1369 of the Internal Revenue Department, which denies to us any deduction for our expenses in attending such conventions. We request you to make some effort to obtain annulment of this ruling, because it is contrary to the spirit of the medical profession in attending such conventions. In so attending we lose our income, and we believe that for such a sacri-

fice as that we should be permitted to deduct from our income the actual costs of such attendance when certified by the secretary of such conventions. As things now stand we are doubly penalized in loss of income by the costs of attendance and by taxation of our cost of travel.

Letters can be worded as the writers please, but our Senators and members of Congress should understand that we protest against this injustice and demand relief.

J. A. S.

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HEALTH EXAMINATION.

FORM A.

HISTORY BLANK.

Name, Address, County, State,

Occupation, How long thus engaged? Previous occupation,

Age, Where born? Date of birth,

White or colored, Single or married,

Nature of present work:

Walking, Sitting, Standing, Outdoors, Indoors, Hours each day,
Noisy, Dusty, Dark, Light, If indoors is room well ventilated?

Is present work fatiguing?

Nature of home conditions:

Sleep alone? Is home congenial? Hours of sleep each twenty-four,
Do home problems worry you? Sleeping rooms ventilated?

If wage earner, how many depend upon earnings?

Eating and drinking:

Number of daily meals, Regular, Approximate daily consumption of

Meat, Fresh vegetables,

Fruits, Water,

Pastry, Tea,

Milk, Coffee,

Alcoholic drinks, Soft drinks,

Do you eat between meals?

Previous illness:

Tuberculosis, Malaria, Typhoid, Scarlet fever, Rheumatism,

Syphilis or gonorrhœa, Diphtheria, Sore throat, Frequent colds,

Nervous breakdown, Convulsive seizures, Migraine or neuralgia,

Other diseases or ailments,

Broken bones or surgical operations,

Have you been vaccinated against

Smallpox, Date, Diphtheria, Date,

Typhoid, Date, Other diseases,

Condition of teeth, Number of good teeth,

Date of last consultation with dentist, Number of bad teeth,

Parents living? If one or both are dead, give age at death and cause of death.

What sickness in your family may have affected your own health?

If brothers or sisters or both are dead, give causes of death, ages at death.

Do you consider yourself in good health? If not, what is your complaint?

If person receiving examination is a woman, the following questions apply:

Are your monthly periods regular? Prolonged? Excessive?

At such times do you suffer from pain? Headache?

Have pregnancies and confinements been free from accident?

Date of this record,

Where was it made (town)?

Physician's name,

Address,

HEALTH EXAMINATION.

FORM B.	PHYSICAL FINDINGS.		
Height, ft. in.	Weight, lbs.	Usual weight, lbs.	
Theoretical weight for age and height,	lbs.	Pulse, S	L
Hearing, R L	Vision, R L	Corrected vision, R L	
Urine:			
Appearance,	Specific gravity,	Sugar,	Albumen,
Blood pressure, Sys. Dias.	Chest findings (lungs and heart),		

EXAMINATION OF PATIENT.

Standing.	Sitting.	Lying.
Posture,	Hair,	Abdomen,
Muscle tests,	Eye reflexes,	Reflexes,
Nutrition,	Nose,	Sensation,
Skin,	Teeth,	Liver,
Superficial glands,	Gums,	Spleen,
Chest,	Tongue,	Kidneys,
Hands,	Tonsils,	Female genitalia,
Arms,	Pharynx,	Rectum (hemorrhoids),
Male genitalia,	Ears,	
Hernia,	Heart,	
Legs,	Lungs,	
Romberg,	Defects of function.	

Defects of structure.

Error of habit.

Advice.

Name of person examined,

Signature of physician,
Date,

Address,
Case No.

County News and Notes.

KNOX.

KNOX COUNTY MEDICAL SOCIETY.

The annual meeting of the Knox County Medical Society was held November 13, 1923.

There was a discussion of toxin-antitoxin by Drs. Laughlin, Ellingwood, Hutchins and Green, and reports of cases of diphtheria.

The following were elected to membership: C. Harold Jameson, Rockland, Maine; Albert P. Heald, Thomaston, Maine.

A committee on resolutions on the death of Dr. E. B. Silsby was appointed, as follows: Dr. Chas. D. North, Rockland, Maine; Dr. F. B. Adams, Rockland, Maine; Dr. W. F. Hart, Camden, Maine.

The following officers were elected for 1924:

President—Dr. Frans Leyonberg, North Haven, Me.

Vice-President—Dr. H. W. Frohock, Rockland, Me.

Secretary and Treasurer—Dr. J. G. Hutchins, Camden, Me.

Censor for Three Years—Dr. A. F. Green, Camden, Me.

Delegate to Maine Medical Association for Two Years—Dr. Robert Belknap, Damariscotta, Me.

Adjourned.

NEIL A. FOGG, *Secretary.*

PENOBCOT.

PENOBCOT COUNTY MEDICAL SOCIETY.

The annual meeting of the Penobscot County Medical Society was held at the Bangor House, November 20, 1923.

The following officers were elected for the ensuing year:

President—C. J. Hedin, M. D.

Vice-President—A. K. P. Smith, M. D.

Secretary and Treasurer—H. D. McNeil, M. D.

Member of the Board of Censors—A. W. Fellows, M. D.

Delegate to Maine Medical Association—H. J. Milliken, M. D.; Alternate, L. H. Ford, M. D.

The retiring Acting President, C. J. Hedin, M. D., read a paper, "The History of Psychiatry."

The following were voted to membership: Earl S. Merrill, M. D., graduated from Harvard 1920, licensed by Maine 1920; H. C. Knowlton, M. D., graduated from McGill 1923, licensed by Maine 1923; Forrest B. Ames, M. D., graduated from Harvard 1919, licensed by Maine 1919.

HARRY D. MCNEIL, M. D., *Secretary.*

YORK.

YORK COUNTY MEDICAL SOCIETY.

The quarterly meeting of the York County Medical Society was held at the town hall, Sanford, Thursday, October 11th. Dr. D. E. Dolloff, of Biddeford, the President, presided.

The minutes of the July meeting were read and adopted.

Resolutions for the late Dr. M. H. Ferguson, of Biddeford, were read and adopted.

Dr. Albert D'Arche, of Biddeford, was elected to membership. Two applications were received and referred to the Board of Censors.

Dr. A. S. Davis, of Springvale, and Dr. H. D. Ross, of Sanford, reported interesting cases of post-partum hemorrhage and intestinal obstruction. Several members of the Society discussed these case reports.

Dinner was enjoyed at Hotel Sanford at 1.00 o'clock.

The afternoon session was opened at 2.00 o'clock. Dr. C. B. Sylvester, of Portland, Councilor for the First District, spoke of the meeting held the previous week at Bangor. He referred to the discussion of medical defense and other medical legislation now under consideration. Dr. Sylvester advised getting busy now in anticipation of the next legislature.

Dr. Estes Nichols, of Portland, gave a most excellent and instructive address—"Some Unusual Pulmonary Conditions." This was illustrated by many interesting lantern slides and radiograms.

Those present: Drs. Estes Nichols, C. D. Sylvester, Portland; L. H. Brown, W. E. Lightle, No. Berwick; J. W. Gordon, W. W. Smith, Ogunquit; H. P. Ilsley, Limington; J. J. Topham, So. Berwick; A. J. Stimpson, Kennebunk; F. W. Smith, York Harbor; C. J. Emery, D. E.

Dolloff, Biddeford; J. D. Cochrane, Saco; S. B. Marshall, Alfred; A. S. Davis, Allen Davis, Springvale; C. W. Blagden, W. H. Kelley, A. W. White, O. B. Head, A. C. Lamoureux, S. A. Cobb, L. W. Carpenter, H. D. Ross, V. E. Bolduc, Sanford; J. A. Randall, A. L. Jones, Old Orchard.

A. L. JONES, *Secretary.*

NEW AND NON-OFFICIAL REMEDIES.

During November the following articles have been accepted by the Council on Pharmacy and Chemistry for inclusion in New and Non-Official Remedies:

Abbott Laboratories:

Butesin.

E. Bilhuber, Inc.:

Afenil:

Ampules Afenil.

Cutter Laboratories:

Diphtheria Antitoxin Globulin.

Glycerinated Vaccine Virus.

Gonococcus Vaccine.

Hoffman-LaRoche Chemical Works:

Iodostarin:

Chocolate Tablets Iodostarin—Roche.

Chocolate Tablets Iodostarin—Roche, 0.25 gm.

Parke, Davis and Co.:

Carbon Tetrachlorid (human use)—P., D. and Co.

Physician and general surgeon of good training, and graduate of Class A school, would like to do *locum tenens* or temporary work in Maine, say for late summer and winter. Accustomed to general medical and surgical practice in large hospitals.

Address replies care of JOURNAL.

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The Journal assumes no responsibility for opinions expressed by the authors.

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JANUARY, 1924.

No. 6

Necrology.

WALTER EUGENE BONGARTZ.

West Point, 1862-1923.



CAT.

Although Dr. Bongartz had been a member of our Association for some years, few of us had any recollection concerning him, so that the brilliant halftone herewith inserted will give to many of us, for the first time, some actual personal image of the man and the physician.

In searching for details concerning his career, I find that he was born in Providence, Rhode Island, July 6, 1862, the son of John Henry and Susan Stainer Bongartz, was educated in private schools and obtained his degree at the Boston University School of Medicine in 1883, and settled at once in Beverly, Massachusetts. He obtained the position of city physician and in a short time developed an extensive and unusually lucrative practice, owing largely to his energy, determination and courtesy. In spite of his labors he was unusually studious and during his vacations he traveled once around the world, several times across the Atlantic, and last of all through all of South America. It was a genuine treat to listen to his conversation enriched as it was with recollections of his voyages and his knowledge of the literature of many nations of the world.

He suffered a breakdown in 1909, and feeling that he might

not practice again he built a handsome home at Phippsburg, in which he spent the rest of his life with his devoted wife, his books and his extensive outlooks over land and water. He tried to enlist at the beginning of the war, but finding his age an obstacle to his intentions and patriotic desires, he obtained registration in Maine and practiced to and fro in the territory once served by Dr. Williams, who was in the service of the nation for life. In this purely



WALTER EUGENE BONGARTZ.

human volunteer service, Dr. Bongartz worked too hard, a surgical condition supervened, an operation was performed early in November, but foreseeing that he could not recover, he asked to be taken home to West Point, where on the 17th of November he died.

He is survived by a widow, Carolyn Wesson, once of Providence, and his loss is lamented by those who knew him as a very courteous, studious, sympathetic and genial physician.

J. A. S.

M. HUBBARD FERGUSON.

Biddeford, 1855-1923.

The tragic fate of our comrade, Dr. Moses H. Ferguson, of Biddeford, is one more lesson of the thoughtlessness of trying to compete with a vehicle moving forward on the same road as yourself, for Dr. Ferguson, having a call to a patient on the 10th of May, attempted to cross a trolley car from the main state road into a side road. He miscalculated the reduction of speed which was sure to occur to his own car in going over the trolley track, crashed into a trolley car moving with a great deal of momentum, but no excessive



MOSES HUBBARD FERGUSON.

sive velocity, was crushed within the interior of his own car, and in spite of a quickly-performed operation for trephining of a fractured skull, he died at the Webber Hospital on the following day.

Our former comrade, the son of Willard Bixby and Rebecca Goodwin Ferguson, was born at Dixmont, on May 31, 1855. He was educated academically at the Maine Central Institute in Pittsfield, studied medicine in the office of the celebrated Dr. Hamlin, of Bangor, famous for his specialty and knowledge of tourmalines, took a course of lectures at Bowdoin and obtained his degree from

Dartmouth in 1880. He settled in Phippsburg, but in 1896 moved to Biddeford, where he devoted himself to his practice up to the day of his death. He was very fond of his professional work, kept up with the times by attending the most instructive post graduate courses in the larger cities, and studied also one summer in Europe, particularly in Edinburgh. He was city physician for two or three years, and an active member in the York County Medical Society, at the meetings of which he spoke quietly, expressed sound views which carried weight and he received much consideration for his opinions. He also served in both branches of the State Legislature, and in these positions he was useful to the public health of the state for several years.

Amongst the curious items of his personality, we may add that he was a large man physically and what you may call big-hearted to correspond with his splendid physique and a typical highly honored family physician. He was very faithful on his attendance on his patients.

He was extremely proud of his descent from Reuben Ferguson, of Scotland, who came over in 1745, after the revival of the Stuart claims to the Crown of England, and settled in Eliot.

I also note with pleasure that Dr. Ferguson was very much interested in schools all of his life, and this was probably due to the fact that he earned the money for his medical lectures by teaching in the village schools, so that he was familiar with their faults and defects.

Dr. Ferguson married very late in life Miss Olive Leone Morrill, of Biddeford, who survives him.

For some curious reason, which we have never been able to discover, Dr. Ferguson despised his first name of Moses, and he never used it from the day when he was fifteen years old.

We regret to note, at the end of a career of usefulness, that so few physicians attended his funeral, and in that way paid the last token of respect to a man of very considerable skill as a physician, and of a genial and friendly character.

J. A. S.

ELI SNOW HANNAFORD.

Phillips and Readfield, 1845-1923.

Years ago, when I was much younger than I am now, I used to tackle operations which I would have much preferred to attend to in my place of residence than in country homes and under the post operative care of the rural doctor. People then were rather afraid

of being experimented on in hospitals, so that I was often sent for to operate in the country, and to leave the patients under the charge of the family doctor. All of these cases came out well, and all were satisfied, the surgeon getting his fee and the doctor his. I liked this sort of experience, because it gave me some idea of the life of a country doctor, even in the best of weather, whilst it was not difficult to imagine what their labors might be amidst rain and snow during the bleaker seasons of the year. Not a single patient ever came to grief, and not one of them ever threatened a suit against me for not staying on the spot until they were cured.



ELI SNOW HANNAFORD.

Amongst the numerous physicians who loyally helped me in this sort of practice, and who proved staunch friends for life, were Dr. Wright and Dr. Hannaford, both of Readfield. I had a deeper and more lasting friendship with Dr. Wright than with Dr. Hannaford. Having already written in the Journal concerning the career of Dr. Wright, who went along, the first of us three, let me carry the series of lives onward a bit farther, with a few words concerning the career of Dr. Hannaford, a capable man in medicine.

Dr. Hannaford was the son of Aaron Hannaford, of Farmington, and of Calista Stevens, his wife, from Industry, and was born in Farmington, June 8, 1845. Brought up as a farmer's boy, he

failed to find in that sort of life the least attraction, but was fond of books, studied them ardently, and finally became a teacher of schools when hardly seventeen years of age. Earning money in this way, he studied medicine with Dr. Russell, of Farmington, attended lectures at the Portland School for Medical Instruction, and was graduated medically at Bowdoin in 1869. His mind was turned to erysipelas during his student years, and his graduating thesis bears that title. Well worn as is the theme, the young student found something new to say about it.

After leaving Bowdoin, Dr. Hannaford settled for practice in Phillips for six years and then removed to Readfield for the rest of his life, where he obtained an extensive and lucrative clientage. He gradually came to be regarded as clever in the treatment of pulmonary affections, and was consulted by many so afflicted. He was fond of books all of his life, and loved flowers, and liked his home better than to take many vacations, or to roam about the world in search of novelties and excitement of operations in hospitals. He exhibited handsome flowers every year, and was quiet yet very hospitable, and exhibited energy in abundance whenever his services were called for by those suffering from illness. He gradually retired from practice, owing to the advances of age, suffered more or less from nephritis, and passed away quietly at the last at Springfield, Mass., May 15, 1923, at the home of kind and devoted relatives. He was married thrice, and two daughters remain to mourn his death.

The appended halftone gives a very excellent idea of his appearance in advancing years, and is an admirable likeness.

J. A. S.

PERCIVAL ORISON HOPKINS.

Bingham, 1874-1923.

It is hard for any one of us to fall out of active practice and to suffer from any disease, containing, however, some hope of recovery, but how can we visualize the case of a brother in medicine facing for months a certain death from blood infection. Such was the fate of our comrade, and during his long illness, of which I knew something by the merest chance of seeing him once on his bed of suffering as I motored through Skowhegan, I was daily thinking of him, and imagining with him his visions of the future until I knew that he was at rest at last.

Sometime in July he was asked to make an examination of the body of an unknown man found floating in the river. In doing this, he infected a finger and was doomed. At the Richardson Hospital all that

human skill could think of was carried out faithfully by devoted men and women, but it was fated that on the 11th of October he should leave his labors, at the age of forty-nine.

Dr. Hopkins was born at Frankfort, December 6, 1874, the son of Andrew Wilmington and Susan Hardy Hopkins, and after an academic education he taught at Frankfort and Munroe, studied at Bowdoin Medical School and obtained his degree in 1901, offering a well-balanced thesis on "Apoplexy." After serving out a well-rounded year at



PERCIVAL ORISON HOPKINS.

the Maine General, he married Miss May Sperry, a graduate nurse, and with her settled in Springfield. With better chances, he moved next to Phillips and finally to Bingham, for the rest of his life.

He was glad to assist surgeons in their operations, but preferred to puzzle out the daily enigmas of general practice. During the war he was early commissioned as Lieutenant, served at Chickamauga and Wadsworth, tried repeatedly for orders overseas, served as sanitary inspector, was discharged in 1919, and immediately became a member of the R. M. S., and paid much attention to Boy Scouts and instruction in first aid.

The married life of Dr. Hopkins and his wife was wonderfully united. They took all their vacations together. Did one see a glorious sunset, the other was called out to admire it. Did one discover an early blossom of spring, the other must share the delight. Many a time, and oft in waiting for water to boil for breakfast, they would walk in their garden to see the latest flower to bloom. Together they collected all of the wild flowers of the region round about and made of them an herbarium, and a working list. Together they collected a fine cabinet of moths of Maine, varying in size and color from mere black and white through all the blazing varieties of which the color scheme of nature is capable in her wildest moods. Together, they read aloud, the one to the other, and commented as they "paged" along.

In the garden Dr. Hopkins was a wizard in making flowers bloom. Never a weed desecrated a single flower bed, and during his last illness friends would come in and look about and miss the skillful gardener, and send to him kind messages, as if from the flowers themselves. He knew the haunts of the wild birds and animals, but did not care to kill, and fishing was his only sport.

It is common enough for a relay of horses to be on hand for a distant visit from a doctor in winter storms, but how few of us know of driving on the rails of a railroad on a motor handcar, as one may call it, and of burning cotton waste and the last handkerchief in the party of three to keep the motor from freezing, to reach a woman in child-bed. On one of Dr. Hopkins' drives like this, the car ran off the track and the three were saved only by a miracle from being tossed a hundred feet down on the icy river.

His frame was slender, but his wind was strong, and he always got where he was bound, even if it took a six-mile snowshoe path across a bay of frozen Moosehead Lake.

It was something to be proud of that in twenty-three years of obstetric practice he never lost a mother.

It is hard for those who are bereft to mourn for a life apparently sacrificed without a cause. We lose our friends in war and peace, in motor accidents on land, in troubles on the seas, and we wonder why they cannot be prevented. So long as those who were attached to Dr. Hopkins think of his tragic end, they will wonder why a life capable of still more deeds like those accomplished before, should not continue. It is all beyond our ken, and it must be an example to all of us, in the business of caring for the sick and for the public health and for the prevention of or discovery of a possible crime that each should sacrifice even his life in doing the thing that lies nearest at hand.

In his lifetime this young physician wondered if it ever would be

given to me to say something about him after he had gone along, and lo! it has happened as he had desired and this tribute comes to him from an older man who loves to live and to see the younger men doing their duty, wherever they are called.

J. A. S.

JAMES HOLLAND McCORISON.

North Berwick, 1851-1923.

After long suffering from diabetes and its complications, and



JAMES HOLLAND McCORISON.

within a day or two of three other brother members of our Association, Dr. McCorison died on Friday, October 12, 1923. His career is interesting, as showing a mind bent for medicine from the start. Born in Bath, the son of James and Mary Randall McCorison, May 29, 1851, he was educated in the schools of his native city, went early into the drug shop of Dr. Samuel Anderson, learned from him the ways of carrying on that business and at intervals of leisure studied medicine with the late Dr. Charles A. Packard, also of Bath. He bought into a drug business in North Berwick in 1876,

continued meanwhile the study of medicine, and in 1878 obtained his degree at the Bowdoin School, defending a thesis on "Phlegmonous Abscess."

Young McCorison obtained a wide acquaintance during his years of business and an attractiveness of manner which were of great value to him when he began the practice of medicine, a practice to endure for almost forty years, although at times bitterly interrupted by the pangs of rheumatism, contracted by exposure during his winter drives. These he endured with a grimness of purpose most exemplary, but there were times when he was suffering immensely more than the patients who were begging of him some instant relief. The last three years of his life were wearied with the tortures of disease and rest was welcome at the last.

Dr. McCorison descended from an ancient Scotch family, who spelled the family name in various ways. He was of a kindly disposition and a man of cheer. Even when disease was gnawing within him as fiercely as with his patient, he served them first, himself later.

There is hardly a trace of medical writings from his pen, but he was a forceful speaker. He attended regularly the meetings of the York County Medical Society, and served well as its President.

He was firm in his opinions, but was an excellent consultant, fair to patient and to the attending physician always. His long experience in the drug business made him very reliable in therapeutics. Few men knew better than he the precise medical values of drugs. He had a wide acquaintance and belonged to many fraternities and medical societies, at whose meetings he was always welcome, for everybody liked to meet Dr. McCorison.

He married twice, his first wife being Miss Ada Acland Copeland, of Reading, Mass., by whom he had surviving children, and after her death he married Miss Johanna Hall Fernald, of North Berwick, who survives him, also with children. A very able son, Dr. Carl Copeland McCorison, Superintendent of a Massachusetts State Sanitarium, also regrets, with the members of our Association, the death of a good physician and father.

J. A. S.

EDWIN ALBERT PORTER.

Pittsfield, 1856-1923.

Dr. Porter, whom many of us will quickly recall at the meetings of our Association as a writer of thoughtful and instructive papers, and as a member of our Committee on the Health of Children in the Public Schools, died at his home Wednesday, May 23rd. Although he had been ill for a year or more previously, the end came suddenly at the last. He was ill in bed about four days, but had gradually been losing ground. During the past winter he felt that he could hardly survive another summer. He was out of doors a little, but with the spring his cough increased. He would walk across to the village only, and was in and out within a week before his departure. His strength seemed to vanish in a single day, and he was comfortable from his cough only by the use of sedatives. On Wednesday, toward sunset, he talked clearly for a while, turned his head over on the pillow, and was gone. He had already planned for everything ahead during his last illness and a life could hardly have been more perfectly finished. He was three months over sixty-seven years of age.

Our medical comrade was born in East Dixmont, February 1, 1856, the son of Albert Obear and Susan Farnham Porter, educated at the Maine Central Institute, studied medicine with Dr. Weed, of Dixmont and at the University of Vermont Medical School, and obtained his degree at the Medical Department of the University of New York, in 1881. He settled then at Liberty, married Miss Amarette Lydia Emery of Monroe, and is now survived by her and by two daughters.

After fifteen years in Liberty he removed to the wider field of Pittsfield for the rest of his life. He was fond of surgery, and in his lonely country practice cared for difficult cases in that branch of medicine. His skill in obstetrics was unusually rewarded in saving the lives of both the mother and her child, and he was much attracted by the value which electricity had of late years come to take in medical practice. He surrounded himself with the latest apparatus in this line of therapeutics, took post graduate courses in physiology and laboratory studies, and it was wonderful to see from the books on his shelves how closely his reading was up to the latest ideas in modern medicine.

Dr. Porter had great faith in humor, as a cure of morbid conditions, as there is a story of his once beginning an Irish story for a patient much depressed in spirits. She objected to the first one,



Edwin A. Foster

because she said he had just told it to her because she was Irish. But he called again, and whilst compounding his prescription told another and this one was Irish, too. To make a long story short, he continued telling stories with the brogue in them, until the patient came to look for them breathlessly, at every visit, and was gradually brought back to health.

He was fond of boys and girls, from being a teacher at an early age, and in the village taught them the rudiments of first aid, urged physical examinations of all school children, and was very active in forwarding the aim and purposes of the Boy Scouts of today. He was also in favor of Sunday Schools, of music, of village improvements, and he took an occasional turn in politics.

Loving hunting and fishing, he did not care so much for their trophies as for the opportunities which vacations offered for the solitudes of the woods and streams, and quiet thoughts in between.

He delighted in the practice of medicine, but always regretted that his preparations had not been built on broader foundations.

Amongst the discoverable papers of Dr. Porter—numerous indeed for a country practitioner—we note with interest those on "Carbolic Acid," "Peptic Ulcer," "Influenza," and finally a most attractive address on "Current Medical and Surgical Topics" before the Medical Society at Waterville.

This brief appreciation is meant merely as a hint of the quiet force which Dr. Porter exercised in Maine Medicine, and as a suggestion and proof that his value to the community and to the State Association will long be missed.

J. A. S.

FRANK WILLIAM SEARLE.

Portland, 1854-1923.

How few of us know anything at all concerning our fellow workers in medicine! Did it ever occur to any of us that Dr. Searle, whom we saw so often sitting about in the Eye and Ear Infirmary, was anything but the superintendent of that institution for several years and later on a practitioner of medicine? Truly, of any other side to his character, I, personally, knew nothing. And yet since he left us we learn that he was a distinguished clarinettist, that he often played his skillful part in an orchestra of trained musicians, that he wrote abundant papers on themes biographical, musical, historical and aesthetic, that he wrote an unpublished work "On the Appreciation of Art," a handbook for teachers and students, and that toward the end of his life he had in view a monumental work on music and its history. Of that side of Dr. Searle's life few of us

knew anything at all, but after discovering it we are again amazed that a man with such a mind could have been a physician, with a broad skill in practice and in the composition of medical papers of value. Before mentioning, however, the papers thus hinted at, a few notes of biographical value may here find insertion.

Dr. Searle, the son of Charles Joseph and Angelina Scarlett Searle, was born in Lowell, Mass., September 8, 1854, educated in the schools of that city, and after graduating from the high school found employment for some years in the office of the city clerk. Here he developed an exceeding love for music, and it happened that whilst on an orchestral tour he arrived in Portland about 1886,



FRANK WILLIAM SEARLE.

played here in an orchestra for some years, went into the study of medicine, obtained his degree at the Bowdoin School in 1889, with a thesis on "Phthisis," and then settled in Freeport. After three years he removed to Portland, acted as superintendent of the Infirmary, practised general medicine, and served with much satisfaction on the State Board of Medical Registration for many years. He was likewise Secretary of the Academy of Medicine and Science, and edited its monthly JOURNAL so long as the Academy continued its

useful work for the public health and instruction of the state. To this JOURNAL he contributed a monthly review of conditions of public health and medical progress, a very carefully written paper "Glances at Science and Progress," a curious paper entitled "Land Impoverishment by the Sea," and finally a few excellent biographical notices of members deceased, from time to time.

Dr. Searle was never a strong man physically; he suffered from a low form of general paralysis for a year or two before his death, and died without previous warning from an apoplectic stroke on Sunday, October 1, 1923.

Dr. Searle married some years ago Miss Janet, daughter of Archibald and Eliza Johnson, of Portland, and is survived by her.

The visitor to our former comrade's home will find it filled with books on art, gratifying pictures, photographs of his beloved quartette, and many treasures of an artistic, musical and literary nature, as remaining emblems of his love in those directions all of his life. Nor, in concluding, should we forget his generous and productive membership of the well-known Kotzschmar Club, founded in memory of Portland's famous musician.

J. A. S.

EDWARD BYRON SILSBY.

Rockland, 1853-1923.

Some years ago I was traveling in Eastern Maine, and in Cherryfield made the casual acquaintance of Dr. Silsby, highly praised by his elder colleague, Dr. Charles Milliken, as a rising young fellow, lately settled in the village and already a man of great assistance in outlying practice, to his senior. From that day to this I had never thought of this young doctor until reading a notice of his death in Rockland, on the 15th of October last, from acute nephritis. Could this skilled surgeon at Rockland really be the same young fellow of years before? So it proved, after much investigation.

The career of Dr. Silsby began at Aurora, Hancock County, where he was born May 2, 1850, the son of Roswell and Harriet Skinner Silsby, educated at Corinth Academy and in Boston, and after studying dentistry in that city he practised there as a dentist for two years. Finding the confinement wearing, he migrated with the same business to Blue Hill, in Maine, but even there the work proved too difficult. He then studied medicine, took lectures at the Bowdoin Medical School and handed in a very remarkable graduating thesis on "The Gums," a paper showing original research.

He practised a short time in Amherst, and then in Cherryfield,

but all the time was following the lure of surgery. He wanted to be a surgeon, and the mere practice of medicine did not attract him. So he took post graduate courses, moved his practice to Rockland, and was admitted to the staff of the Knox Hospital, where he did good service. Yet all the time there was dinging in his ears the incessant cry of "Stand alone," "Have your own hospital," and the result of this was the founding of the Silsby Hospital in Rockland of two beds, later on increased to fifty, and of the Maternity Hos-



EDWARD BYRON SILSBY.

pital, which was opened shortly before the death of its founder, and most beautifully equipped. Both of these institutions flourished, because the man was capable and the field was extensive, outlying towns having no surgeons, and hardly any physicians, so that hospital treatment became very popular.

Dr. Silsby was a man of courteous manners, well versed in medical literature, always glad to have his hospital visited by other physicians and he welcomed patients as if to a temporary home of

their own in his hospitals. He liked to talk to his brother physicians, was genial to all, but never took advantage of anybody either patient or friend. He was an excellent operator, and seems to have done a large number of successful Cæsarean sections, concerning which in all their details he wrote a paper for the Knox County meeting. He also wrote other papers on "Colles' Fracture," and "Old Methods and New," all of these showing poise and skill in emergencies. Altogether, in all of the places in which Dr. Silsby made his home, he was considered a good physician and a man to be trusted and relied upon.

He married Miss Annie Fernald, daughter of Abraham and Nancy Moore Fernald, of Cranberry Island, and is survived by her and a daughter, both living in Rockland.

Taking all in all, the career of our lamented member seems noteworthy and satisfactory, the only regret being that he could not have lived longer to witness the success of his new Maternity Hospital as he had lived to take exceeding pride in the success of the surgical hospital which was named for himself.

J. A. S.

ELMER SMAIL.

Belfast, 1845-1923.

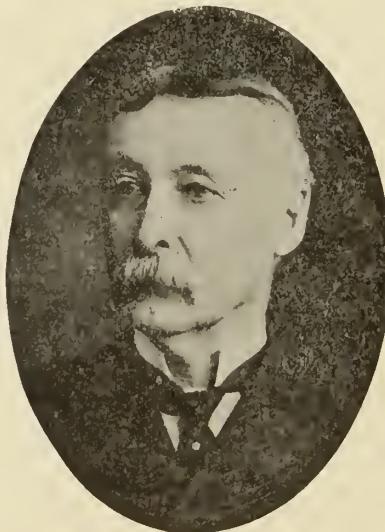
Dr. Small was one of our candidates for recognition after more than fifty years of practice in medicine, but he never received the laurels due to his age. He died August 13, 1923, after an attack of acute nephritis. He was born in Vassalboro, August 5, 1845, educated in the academy of his native town, and then was two years at Colby. He left there and entered the junior class at Dartmouth, and was graduated there in 1868. I happened to be at Dartmouth during Dr. Small's career, and I can recall his presence there, with the aid of old photographs of his class. He studied medicine during his last year in college, and by this extra work he was enabled to obtain his medical degree at Bowdoin in 1870.

Whilst searching lately amongst the numerous medical dissertations to be found in the college library, I discovered that of Elmero Small, as he is by Latinity styled, and the subject of his graduating thesis was on "Apoplexy." The outside of his manuscript was beautifully adorned with old fashioned English script, with his name and the title of his thesis. The subject matter was neatly written in a big boyish handwriting, and the contents were well worth considering, even after more than fifty years.

Dr. Small practiced awhile in Manchester, N. H., and then in Melrose, Iowa, but had to give it up owing to his health. He then

saw a chance at Belfast in 1872, and practised there the rest of his life. He was a good all-around man, interested in schools, in the hospital, in the home for aged women, and in politics, being twice chosen mayor of Belfast. He was twice married, first to Miss Caroline Frances Cobb, of Augusta, and after her death to Mrs. Kitty Smith Williams, from Islesboro, who now survives him.

I note, in conclusion, that our veteran Dr. Thayer, of Waterville, was a student with Elmer Small, and that his graduating thesis was on the interesting topic of "Digestion," whilst another physician, Dr. Junkins of Portsmouth, wrote in the same class on "Uterine Fibroids."



ELMER SMALL.

At the very last minute, and after already handing in a notice of this Nestor of the profession in Maine, a paper by him, entitled "Reminiscences," has been discovered. On turning its pages we find that the reminiscences are entirely obstetrical, and that they refer to Dr. Small's lying-in cases. Of these he had attended some fifteen hundred with a high percentage of good results. He had met with but few accidents, knew of a case of triplets, all three children at that time surviving, at the age of twenty-one, and likely to live much longer. The very well written paper concludes with a brief account of Dr. Small's eight cases of puerperal fever, four recovering and four dying. Such a paper adds to the reputation of Dr. Small, as a capable man in obstetrical emergencies.

J. A. S.

County News and Notes.

CUMBERLAND.

CUMBERLAND COUNTY MEDICAL SOCIETY.

The sixty-sixth stated meeting of the Cumberland County Medical Society was held at the Congress Square Hotel, October 12, 1923, at 8.15 P. M.

The meeting was called to order by Dr. William H. Bradford, President.

There were present fifty-eight members and many guests.

The reading of the records of the previous meeting was omitted.

The applications of Dr. H. W. Hanson, Jr., and Dr. F. M. Dooley were received and referred to the Board of Censors.

Dr. T. A. Foster, as chairman of the committee of the complimentary dinner to be given to the members who have practiced fifty years or more, reported that December 1st would be the date of the dinner, the expense would be \$3.00 for each member present, and appropriate ceremonies for the occasion would be observed. He asked for an expression of opinion as to the charge of \$3.00, and all agreed it would not be too much and it was so voted.

Dr. F. Y. Gilbert, Chairman of the Public Relation Committee, reported attending a meeting of the County Secretaries in Bangor, at which the periodic health examination was thoroughly discussed. The great need for such examination was shown to have been so fully realized by some of the public that they were now more active than the physician in bringing the value of periodic health examinations to the attention of all. Already a committee exists to bring Prof. Emerson, of Yale, to Maine in the early part of 1924, to demonstrate the methods of making a complete health examination. He moved that the society endorse this health movement and co-operate with other committees and county societies to assist in making this health program a success. This motion was carried by a unanimous vote of those present.

Dr. C. B. Sylvester, Councilor of the First District, also was present at the Bangor meeting, and he, too, enthusiastically endorsed the importance and value of periodic health examinations. He reported that another subject of importance talked over at this meeting

was the further development of the medical defense which is now being considered by the American Medical Association. All were urged to take advantage of this as the rate of insurance is determined by the number insured.

The President read a letter from W. D. Thurber in regard to the State Cancer Control Campaign, which begins October 15th, and continues through the winter. In this letter the physicians were asked to hold themselves in readiness to read the prepared lecture whenever called upon. It was hoped that the society would endorse the movement and have at least one paper on this subject during the coming year.

Attention was called by the President to an article on "Periodic Examinations of the Apparently Healthy," by Dr. J. M. Dobson, in the October issue of the *American Medical Association Bulletin*, and he recommended that it be read by the members of this society.

One of our members, Dr. Harry S. Emery, spoke most interestingly and instructively on the "Insulin Treatment of Diabetes." He said that insulin is composed of an equeous solution of the Island of Langerhance plus a six-tenths per cent. tricesol, and is the most definite therapeutic agent yet discovered with the exception of ether. Its action, usually not over six hours, lowers the blood sugar. The indications, methods of use, and toxic symptoms were brought out in a simple, clear and concise way. The reasonable expectations form the use of insulin are a cure in functional diabetes and a relief where pathology is present. Diet is still of first importance, but when combined with insulin a more liberal diet may be given.

A general discussion, in which many of our members availed themselves of the opportunity, lasted for a longer period than usual.

Certainly every member present appreciated the value of Dr. Emery's talk, and all sprang to their feet when called to express a vote of thanks.

Voted to adjourn. Adjourned.

E. E. HOLT JR., *Secretary-Treasurer.*

KENNEBEC.

KENNEBEC COUNTY MEDICAL ASSOCIATION.

The annual meeting of the Kennebec County Medical Association was held at the Augusta House, Tuesday evening, Jan. 8, 1924. Supper at 6.30 P. M.

In the absence of the President and Vice President, Dr. George A. Coombs of Augusta was elected temporary chairman.

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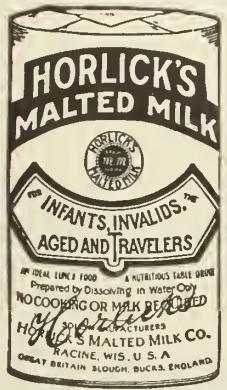
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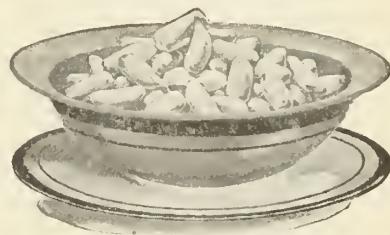
THE ORIGINAL



NOTE.

ANNOUNCEMENT.

The Eighth annual clinical session of the American Congress on Internal Medicine will be held in the Amphitheatres, Wards and Laboratories of the various institutions concerned with medical teaching, at St. Louis, Mo., beginning Monday, February 18th, 1924. Practitioners and laboratory workers interested in the progress of scientific, clinical and research medicine are invited to take advantage of the opportunities afforded by this session. Address inquiries to the Secretary-General, Frank Smithies, 1002 N. Dearborn Street, Chicago, Ill.



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The minutes of the last meeting were read and approved. The Treasurer's report was read and referred to the Auditing Committee. It was voted to accept the Treasurer's report.

Drs. Rodney Turner and Adolphe Joseph Gingras, both of Augusta, were elected to membership. The application for membership of Edgar H. McCurdy of Waterville, was received and referred to the Board of Censors.

Drs. B. P. Hurd, Waterville, A. B. Libby, Gardiner, and Geo. R. Campbell, Augusta, were appointed a committee on nomination, and they reported as follows:

President—Dr. Herbert W. Hall, Augusta.

Vice-President—Dr. A. B. Libby, Gardiner.

Secretary-Treasurer—Dr. Frederick R. Carter, Augusta.

Board of Censors (Three years)—Dr. Roland D. McKay, Augusta.

Delegate to Maine Medical Association (Three years)—Dr. Ralph W. Reynolds, Waterville; Alternate, O. W. Turner, Augusta.

The nominees were elected.

The President, Dr. Herbert W. Hall, appointed the following members as a Committee on Public Relations: Dr. Geo. H. Coombs, of the State Department of Health, Augusta; Dr. Geo. A. Coombs, President of the Augusta Health Association, Augusta; Dr. Frederick R. Carter, First Assistant, Augusta State Hospital, Augusta.

The addresses of the evening were delivered by Dr. Forrest C. Tyson, Superintendent of the Augusta State Hospital, who spoke on "The Relationship of Mental Diseases to General Practice," also giving in detail the history of a case, and describing the mental mechanisms involved; and Dr. C. A. Moulton, Hartland, President of the Maine Medical Association, spoke on "Medical Legislation."

Several of the members participated in the discussion of both papers, and it proved to be instructive and profitable to all present.

The members and guests present were: Drs. C. A. Moulton, Hartland, President of the Maine Medical Association; Rodney D. Turner, H. W. Hall, M. A. Priest, F. C. Tyson, W. B. Sanborn, W. H. Harris, E. H. Jackson, S. H. Kagan, R. L. McKay, R. H. Stubbs, G. R. Campbell, Oliver W. Turner, G. A. Coombs, G. H. Coombs, Frederick R. Carter, Augusta; B. P. Hurd, Waterville; A. B. Libby, Gardiner, H. A. Milliken, Hallowell. Seventeen members and one guest.

FREDERICK R. CARTER, M. D., *Secretary.*

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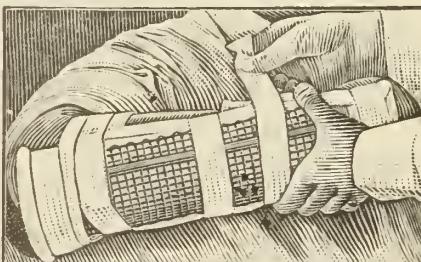
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FEBRUARY, 1924.

No. 7

BANQUET TO THE VETERAN PHYSICIANS OF THE CUMBERLAND COUNTY MEDICAL SOCIETY.

Introductory Remarks by DR. E. W. GEHRING, Portland.

Presentations by DR. S. P. WARREN, Portland.

One of the most delightful events in the history of the Cumberland County Medical Society was that of Saturday, December 1, 1923, when a banquet was given in honor of six veteran physicians who had practiced more than fifty years from their date of graduation. The names of these physicians, arranged according to age, as nearly as we remember, were Dr. Augustus S. Thayer and Dr. Abner O. Shaw, of Portland; Dr. John L. Bennett, of Bridgton; Dr. B. F. Dunn and Dr. Spalding, of Portland, and Dr. John I. Sturgis, of New Gloucester, who, however, was unable to be on hand.

The party, to the number of about eighty in all, were seated at a handsomely arranged table at the Elk's Club House on Free Street, Portland, the guests at the head of an M-shaped table, and the members along the limbs of the table.

After the guests and the members had taken their fill of an abundant, well-served and handsome gastronomic bill of fare, a large number of photographic slides of old buildings and old scenes in Portland were thrown upon a screen, to the admiration of all. Amongst the various pictures shown, many recognized their former homes or places of practice of fifty years ago, and it was voted that the thanks of all present be given to Mr. George F. Gould for his beautiful exhibit. We

hope that this collection may long be preserved to illustrate the antiquities of Portland, and to show to future generations the vast progress in architecture which Portland had made in the past and present. It is the fashion to decry the progress of Portland, as compared with that of other cities, but such pictures as were then shown prove that we go slowly, perhaps, but in so going we hold our own as to progress and municipal adornment.

Immediately after this wonderful exhibit had passed from the eyes of the banqueters, Dr. Bradford, the President of the County Society, called the guests to order in a brief welcoming speech and then referred the rest of the proceedings to Dr. Edwin W. Gehring, the toastmaster of the evening. Dr. Gehring then went on in this entertaining fashion.

I must at once acknowledge the impossibility of doing justice to the task assigned me. The occasion which we are met to celebrate is an auspicious one in the annals of medical history in Maine. Our society is honored to include in its membership six gentlemen, each one of whom has completed at least fifty years of medical practice. This is a unique distinction of which we may well be proud. The true import of this period of service, having ever for its object the prevention of disease, the relief of suffering and healing of the sick, does not become apparent until one attempts a summary of the colossal medical achievements of the past half century.

The science of bacteriology has developed entirely in the lifetime of these men and practically since they have been practitioners. Its modern growth dates back to the overthrow in 1861 by Pasteur, and by Koch and Cohn in 1876, of the theory of spontaneous generation. With the discovery of anthrax in 1863, the names of Pollender and Davaine were linked together as undoubtedly the first discoverers of micro organisms in disease. Following them, the primary causes of wound infection were speedily worked out and this led naturally to the epoch-making efforts of the British surgeon Lister, to which are due directly the great advances of modern surgery. The presence of bacteria was now rapidly demonstrated in relapsing fever, leprosy and typhoid fever, and in 1882 and 1884 the profession was startled by the brilliant demonstrations of Robert Koch, announcing the causes of tuberculosis and Asiatic cholera respectively. The scientific world soon became satisfied concerning the causes of pneumonia, diphtheria, tetanus, influenza, bubonic plague, besides many diseases of cattle, horses and sheep.

Almost simultaneously with the foregoing, there was developed "a new art in the healing of disease, which is spoken of broadly as serum-therapy or medication by curative or protective serums," and

that which finally aroused and stimulated the profession to the true significance of its value was the discovery of an antitoxic serum for diphtheria in 1892 by Von Behring.

Another and no less remarkable achievement was the discovery of the cause of malarial fever in 1880 by the French army surgeon, La-veran, and the part played in its transmission by the variety of mosquito known as Anopheles, a theory first suggested by the English Dr. Manson. In due course there came to light the organisms causing the venereal diseases, which, in the words of Osler, "continue to embarrass the social economist and to perplex and distress the profession."

This last half century also witnessed a revolution in the treatment of disease and the growth of a new school of medicine. Both old schools had trusted in drugs, either vile, nauseous compounds or bland harmless dilutions, whereas the characteristic of the new school was a firm faith in a few good, well-tried remedies. In other words, the ordering of medicine was no longer the chief function of the doctor. To be sure, the battle of polypharmacy is not yet fought to a finish, but, owing to the growth of a skeptical spirit concerning drugs in general and to the valuable lesson of homeopathy, the new school which has arisen cares nothing for homeopathy or allopathy, but seeks to study rationally the action of drugs old and new, to know how to apply a few great medicines, such as quinine, iron, mercury, potassium iodide, arsenic opium, cocaine and digitalis. It also lays emphasis upon what may be termed "the natural methods," diet, exercise, bathing and massage.

Another notable advance made during the lives of our brothers is the deliberate return to psychical methods of cure, in which faith in something is suggested to the patient consciously. It may be faith in the gods or saints, faith in pills, or in hypnotic suggestion, or in one's kind doctor. We have learned that faith is the great lever of life, and that cures wrought by it at Lourdes or St. Anne de Beaupre, or by so-called Christian Scientists may be genuine. While, therefore, psychical methods must be considered in discussing the foundations of therapeutics, they only become a laughing stock when employed as a system of medicine, that is, to the exclusion of other recognized therapeutic procedures.

Never, therefore, since the sun first shone upon the earth, has the race been granted such benign endowments as those bestowed upon it during the past fifty years by the profession of medicine. None of the other learned professions has been so singularly beneficent. Anesthesia, sanitation, asepsis, are truly benign endowments, and they constitute a

short half century's contribution to the eternal problems of human suffering. One needs only to mention thyroid extract and salvarsan and insulin, the organization of hospitals, the development of the institution of nursing, in itself a public benefaction, the reclamation of many of the earth's waste places, the eradication of typhus and yellow fever, to realize that our profession has dispensed Promethean gifts in a lavish manner, and, what is quite as much to our credit, in a godlike way.

As one of the features of medicine is its progressive character, so, too, I may say, has progress characterized the lives of these six gentlemen, who have not only witnessed, but *kept pace with* the profound changes through which our art has passed in their lifetime. Not "dull and muddy mettled rascals" they, manifesting ever an illiberal, intolerant attitude toward everything new, but displaying always that fine catholic spirit which befits the flower of our civilization.

Dr. Henry Drummond remarks in one of his poems, "He [the physician] is the only man, I know me, don't get no holiday," a fact which is apt to be destructive of his intellectual independence. No lack of independence here. No medical slumber, either. I suspect their motto has been, "Be sober and distrustful; these are the sinews of the understanding." No, their very culture has saved them from the degeneration that is so apt to overtake the hard-worked physician. Doubtless, they have suffered at times, from the "oblique condemnation" which results when woman, the doctor's greatest friend and worst enemy, praises her pet doctor indiscriminately, but with them "the human heart by which we live" controlled their professional relations and they carried on until now.

It cannot be said that they need to pray against the evils of prosperity, and yet their philosophy of honest work, causing them to strive to *add something to*, rather than *get something out of* life, coupled with their never-failing old fashioned courtesy, has brought rich reward in that they enjoy not only the respect and admiration of their fellow-men, but, likewise, their confidence and love.

They are gentlemen, one and all, possessed of the hall-mark of greatness, which is humility.

"These men bulk big on the old trail, our own trail, the out trail,
They're God's own guides on the Long Trail, the trail that is always new."

I will mention first:

JOHN I. STURGIS, M. D.

Born 1844. Graduated 1868.

"Truly a good man, four square and without a flaw."

Owing to ill health, he is detained at his home, but writes that concerning himself he has "little to offer outside the routine of country practice." Like his confreres, Dr. Sturgis has notably exhibited the virtues of his race and shared as little as any of the defects of the period in which he has lived. His life has been "made up of earnest, studious, thoughtful, quiet years, bestowed faithfully for the increase of knowledge, faithfully, too, for the advancement of human welfare—a man thoughtful for others, caring little for himself, kind, just, true and of constant and warm affection," like the best type of old colonial physician. We regret his absence and send him our hearty good wishes for a speedy recovery.

AUGUSTUS S. THAYER, M. D.

Augustus S. Thayer was born in Paris, Me., in 1835, and was graduated from the University of Pennsylvania in 1864. He was a student under the great Pepper and a classmate of his son, who was the father of Senator Pepper.

He chanced to be Portland's city physician at the time of the great fire in 1866, and while in office treated successfully seventeen cases of typhus fever that came here on an English ship. The remedy was whiskey and plenty of it. Attention, W. J. B. and Volstead!

At the opening of the Maine General Hospital, in 1874, he was elected to the medical staff and continued in active service for thirty years, devoting, at the same time, twenty-five years to teaching in the Portland School for Medical Instruction. He also served the Maine Medical Association for twenty-five years as its Treasurer, and later became its distinguished President.

He is a cultivated gentleman, whom to know is to love, possessing such measure of obtuseness as enabled him to meet the exigencies of a large practice with firmness and courage, without, at the same time, "hardening the heart by which we live." Generous hearted, well-balanced, not ultra-scientific, but learned in the wisdom not of the laboratories but of the sick-room. Always a stickler for diagnosis and a foe of clinical slovenliness.

For fifty-five years he has worn each day in the lapel of his coat a carnation in memory of his sainted mother. Truly the "pink of perfection."

Dr. Augustus Thayer was in the prime of speech making, and after the introduction spoke charmingly of the past and cheerfully of the present and the future. He caused considerable amusement concerning the story of the boy who, according to the newspapers of fifty years ago, was "run over and killed," but was actually stitched up, sewn together, repaired, and put into shape by Dr. Thayer, and is still this day in the land of the living. Dr. Thayer congratulated himself on being on hand at the banquet, wished a long life to all who were present, and suggested this motto for all concerned: "Live just as long as you wish to live and have all you wish as long as you live."



DR. THAYER.

Dr. Augustus S. Thayer, one of the original staff of the Maine General Hospital, with Dr. Israel T. Dana, Dr. William Warren Greene, Dr. Stephen Holmes Weeks, Dr. Seth Chase Gordon, Dr. Horatio Nelson Small, famous obstetrician, and Dr. Frederic Henry Gerrish, the most prominent physicians of Maine, controlled the State Association, and largely through the medical school and the city, the center of professional thought and privilege. Dr. Thayer, best known for his skill in diagnosis, never failing courtesy to his associates and for his kindness to the younger men. He was also many years Secretary of the State Association and once its President.

In the eulogistic words of the poet, Fitz Greene Halleck, to his friend, Francis Rodman Drake,

"None knew him but to love him,
Nor named him but to praise."

In these words we present these tokens of our affection and confidence.

S. P. WARREN.

ABNER O. SHAW, M. D.

Born 1837. Graduated 1863.

I am indebted to Dr. Spalding for the following item:

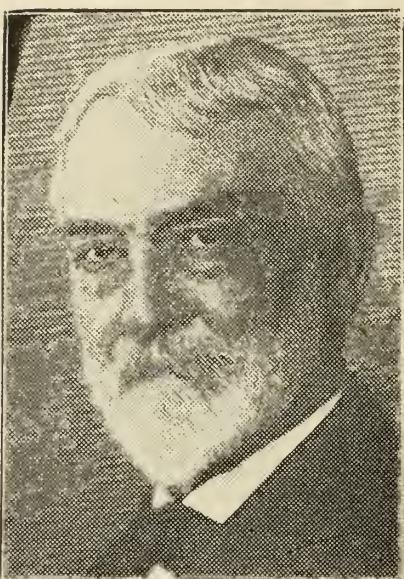
"Dr. Abner O. Shaw, who has not retired from practice, has the distinction of having saved the life of General Joshua L. Chamberlain while he lay wounded on the battle field, by staying with him all night and doing what he could, in the exposed position in which the wounded general lay, to stop the flow of blood and temporarily relieve his suffering. Later he operated on him at the field hospital and stuck to him until it was possible to transport him to Annapolis. That act, heroic as it was, is characteristic of the kind of work Dr. Shaw has always done for his patients."

Alas, too few of us know his benignant smile, his courtly bearing and manner. In a delightful call upon him recently, these captivated me as I listened to his modest recital of the foregoing episode, told with such depth of feeling for his old comrade and friend that at times he was quite overcome with emotion.

His first cases of diphtheria were treated successfully with potassium chlorate, tincture of chloride of iron, and whiskey. The chlorate was administered, after being ground to a powder, by filling a quill, inserting one end of it into the patient's mouth, the other into his own, and blowing the powder into the patient's throat. The whiskey, it seemed, was not similarly given. What a stride it was from chlorate and quill to antitoxin and needle?

He exemplifies those graces of life and refinements of heart which make up character. Politeness, learning, honor and virtue constitute his make-up, and he possesses, moreover, "the perfection of good breeding, which is to be civil with ease and in a gentlemanlike manner."

All of those present looked to Dr. Shaw for something out of the usual run of post-prandial remarks and they were not disappointed, for he took occasion to remind his listeners that he was nearly a centenarian himself and had done his best to carry others of his patients along to the mark of their hundredth year. He had so far entirely failed, although he had made them toe the mark of a 99th year in one celebrated instance. Beyond that, she feared to tread, even a week. The speech by Dr. Shaw was all too brief, and the humorous way in which it was punctuated with smiles, and softening of the voice, and whimsical turn of the lips, added to the keen attractiveness of his chief adventures in advancing years. He was not by any means old, he was simply less young, than he had been before.



DR. SHAW.

I will next introduce Dr. Abner O. Shaw, the dean of the profession. He recollects the conditions of medicine in the Revolution, at Scutari, and with Florence Nightingale. Better in the Civil War, when he entered the army from the senior class of Columbia Medical College. He went back to that college for his degree, enlisted in the 20th Maine Volunteers and was of good service at Gettysburg, where he saved the life of Gen. Chamberlain, afterward Governor of Maine and President of Bowdoin. Since those days, Dr. Shaw has practiced continually as a faithful physician, an honorable gentleman and a great politician.

We have now the honor, Dr. Shaw, to present to you these marks of our regard, congratulations on your long and successful career, and best wishes for the future.

S. P. WARREN.

B. F. DUNN, M. D.

Born 1844. Graduated 1868.

Our next friend—and he is a *good friend*—is a man of optimistic temperament and excellent digestion.. From the day that he nailed up his sign on Windham Hill, things medical were well Dunn in that neck of the woods, and, throughout a long period, he proved to be a daily benediction in the community. Strong, sensible, whole-souled, living the life of self-denial and tender sympathy, albeit at times a trifle declamatory, he came to know the “blessing which maketh rich and addeth no sorrow.”

The danger in such a man's life comes with prosperity. Dunn was no exception to this rule, for after he had climbed the hill and attained

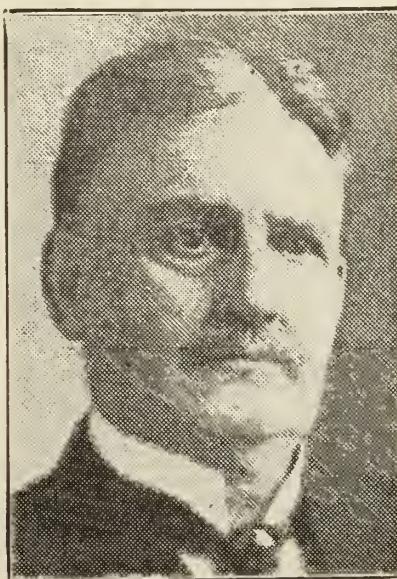
success, he yielded to the temptation to write verse with which to refresh his brother practitioners.

"Cousins is smart—will curse and swear
Enough to singe and curl your hair;
Is ever alert for the best of jobs,
His money comes in great big gobs."

It is now believed that these and other lines were really precursors of an attack of cholelithiasis, for which later our poet was successfully operated.

His outstanding characteristics are imperturbability, coolness and presence of mind under all circumstances, calmness amid storm, clearness of judgment in moments of grave peril, absence of indecision and worry and fluster and flurry in ordinary emergencies. If I have judged him aright, you shall decide for yourselves after hearing his recital of his first obstetric experience.

Dr. Dunn made a splendid appearance, in spite of his recent troubles in health and adventures with operations, and made a remarkable address on his experiences in fighting in the Civil War, and his various oddities and crudities in mistakes in diagnosis and diseases in his early practice. Nor did he forget to acknowledge that he still made them, off and on, as he grew less young, and possibly more forgetful. Dr. Dunn's remarks were listened to with much pleasure, and punctuated with applause, as the newspapers are in the habit of saying concerning the successful orators of the evening.



DR. DUNN.

Dr. Bertram Francis Dunn. The Civil War was fought largely by boys, more than one-third of the Northern army being under twenty-one years of age, whilst many of the leading officers were under thirty. You bravely entered this army, served in the volunteers for nine months and were honorably discharged when less than eighteen: you then went to school to finish your education, then to the Medical School and got your degree as a doctor and then you began to practice in Harrison and finished a little farther along on the road in life in Windham, and now in advancing age you are in Portland.

Your attitude when in the country practice was much like that described in the famous verse:

"Luckless is he whom hard Fates urge on
To practice as a country surgeon,
To ride regardless of all weather
Through frost and snow or rain together."

I have the honor now to congratulate you on your recovery from a long illness and to present to you from your friends and associates in medicine these marks of our respect.

S. P. WARREN.

JAMES A. SPALDING, M. D.

Born 1846. Graduated 1870.

Past President of Maine Medical Association.

His class prophecy had it that at the age of seventy he would be found standing at the corner of a billiard table, "playing on jawed balls, having made a run of 1400 and still agoing." It isn't often that class prophecies come true like that. Now, in addition to jawing balls, he is jawing members of medical societies on medical defense, on the danger inherent in paternalistic medicine, on Harvard dormitories, on dead doctors, and on every other conceivable, nameable thing under the sun.

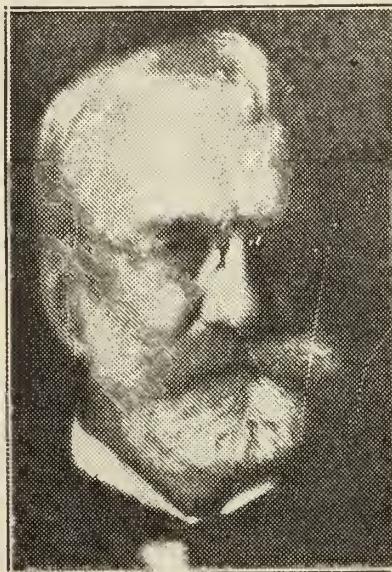
He is a loyal Dartmouth alumnus and equally faithful to the Harvard Medical School, where he studied under Oliver Wendell Holmes, attended lectures on the "Internal Secretions" by Brown-Sequard, saw Dr. Henry Bigelow perform the first litholapaxy ever done in the world, was intimately associated with William James, his classmate, whom he regarded as a "bully ragger and ruffian" in those days, knew the janitor who discovered the bones of Dr. Parkman, who was murdered by Professor Webster, and so on.

When one considers that this man never heard a lecture after leaving the medical school, his accomplishments have been phenomenal. He is a musician of no mean ability, a prodigious reader in eight or ten languages, a skilled oculist, and withal a most charming personality. Holmes would have termed him a Brahmin, "for this man and men like unto him have been the leaven which has raised our profession above the

dead level of a business. "Let us be thankful for his example of a courage which could fight and *win*; and let us emulate the zeal, energy and industry which have characterized his career."

Dr. Spalding, replying briefly at a late hour, went into his early career in medicine, trying to show the difficulties of getting an education and a practice when weighted down with the loss of hearing. Many people may have thought, also, that being a pioneer specialist in Maine, with an enormous field for practice open for him, all that he had to do was to sit and gain fame and fortune suddenly. Instead of that, a paying practice was a matter of years, and the introducing of a specialist in ophthalmology and otology was in those days a matter of extreme difficulty, because most physicians feared or seemed to fear that a specialist once employed would take from them, their own families and other patients. This objection had to be overcome, yet when once this had been accomplished others entered the field and made greater financial successes. This was, however, all for the best, because in the stress of difficult times the speaker learned to obtain a wide acquaintance with the world literature bearing upon his various specialties.

Dr. Spalding thanked the givers of the banquet, but feared that he had bullied them into giving it, when really he was only urging that it should be given for other men, who deserved the high honor more than himself.



DR. SPAULDING.

It is difficult to speak calmly of one who has been a companion and intimate friend for more than forty years. His grandfather was a distinguished physician of Portsmouth and of New York City, and it was natural that he should adopt the profession of medicine. Graduating from Dartmouth and the Harvard Medical School, he studied abroad on the eye and ear, and in 1873 he settled in Portland, where he has always been the foremost oculist and aurist. He did much work for the famous Knapp of New York in connection with the "Archives of Ophthalmology and Otology." His public service has been that of one of the staff of the Maine General Hospital; a pioneer in studying the sight of school children, for whose welfare and the general public he has addressed societies without number. His interest in all matters for the individual and for society seems never to tire, whilst his fearless stand against frauds of all sorts is as uncompromising to-day as ever before.

Whilst early in life he suffered that disability of loss of hearing which would have confined many a less gifted man to an office chair, in private life he has become a genius in research, a linguist of more than ordinary ability, a literateur familiar with the books of the world, and musician to whom the classics and the compositions of the modern school are the delight of his leisure hours. His literary contributions to many associations have amused and instructed us with their pithy humor, their reminiscence, and their keen analysis of the motives and vagaries of would-be-reformers.

The lines which describe one of the greatest characters of history are so apropos to Dr. Spalding, that, when slightly altered, you will admit the justice.

"Age cannot wither him nor custom change
His infinite variety."

Take, then, these marks of our esteem, congratulations for your grand career, and best wishes for the future.

S. P. WARREN.

J. L. BENNETT, M. D., of Bethel.

Born 1842. Graduated 1869.

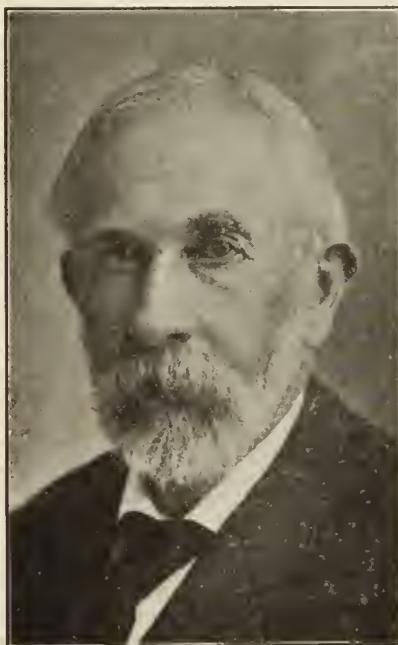
In his adolescence a firm believer in the resurrection of the body, as witness the account of his robbing the grave of one of Bridgton's citizens, as related by one of his early contemporaries. This was done in the laudable pursuit of medical knowledge. Latterly, however, one of the saints of humanity, illustrating the fact that we are here not to get all we can out of life for ourselves, but to try to make the lives of

others happier. A man whose perpetual modernness startles and delights.

"J. Bennett was a robber bold,
At crime a master hand;
His early life was full of sins,
His later life was grand."

Instead of being offended, as some of the members feared, for bringing back to life the story of Dr. Bennett's connection with an instance of grave opening, he proceeded to thank all present for reminding him of the occurrence, into which with the vivacity and spirit of advancing years he went in remarkable detail. He carried us along with all of the various steps, successes, misfortunes, exciting adventures, and all connected therewith, until the resurrected body, instead of furnishing material for anatomical studies, discoveries and advances, was well sunk into the bottom of a deep, deep lake, after being tied with wire to a raft laden with stones. There it rests to this day, some sixty years ago, buried not in the ocean, but in the fresh water of one of the most delightful ponds in Maine.

The narration of this truly surgical campaign was listened to breathlessly by the astonished audience and warmly applauded at the finish.



DR. BENNETT.

Joseph Louville Bennett, of Bridgton, served as a private in the 20th and 23rd Maine Volunteers, obtained his medical degree in 1869, and practiced in North Fryeburg, Hiram and Bridgton, where he has rounded out half a century of efficient service to his fellow townsmen with the reward of a good conscience, has been the confidant of the dying, has seen the happiness of the young mother with her babe at her breast, has kept the closet door shut on the family skeleton, has been an efficient adviser in the health of the community, and in all this he has been an honest man. He stands as the best type of the heritage of our fathers, "the family physician."

I have the honor to present you with these marks of the esteem of your associates in the profession, with our congratulations for your successful life and best wishes for the future.

S. P. WARREN.

As Dr. Warren finished his remarks to the various men, he handed to them a beautifully decorated parcel, in which the receiver found a million or more honestly printed German marks, a handsome card, and a delightful jeweler's box containing a handsome set of gold link cuff buttons.

So ended a festival, rare indeed in the history of this country, for it does not often happen that half a dozen men in the same county practice honorably for more than fifty years, and rarer still is it for them to get together on so festive an occasion to receive the benediction and good wishes of the younger men in the same practice in life. In the name of the five veterans who were on hand, and of the one who could not arrive, one and individually, and all together, we thank the men of the Cumberland County Medical Society who gladdened our old hearts on the night of Saturday, December 1, 1923. May all of our entertainers live to enjoy that felicity which was exhibited and showered down upon us six.

J. A. S'.

**PENOBCOT COUNTY MEDICAL SOCIETY HONORS
DR. GALEN M. WOODCOCK FOR 50 YEAR'S PRACTICE.**

Galen Murray Woodcock was born in New York City in 1852, the son of Jonas Gurnee and Sarah Savage Woodcock. He attended the public schools and entered the College of the City of New York, but was compelled to leave, as his intention at that time was to study medicine and it became necessary for him to obtain work and earn money for that purpose, serving as bank clerk and as substitute clerk summers during his medical course. He entered the University of New York Medical Department in 1870, graduating in 1873 with honor, receiving one of the Mott medals and a certificate of honor with his degree.



DR. WOODCOCK.

He was district visiting physician to the Northeastern Dispensary out-patient department for two years. In 1875, through the influence of his brother, a student at Bangor Theological Seminary, he came to Maine and settled at South Brewer, where he built up a large country practice, which extended into the towns of Orrington and Holden, remaining there seven years. Leaving there for a short time, he returned to practice in Bangor in 1882, where he has practiced up to the present time.

He was always much interested in health matters and was appointed chairman of the Bangor Board of Health. He was in charge of two epidemics of smallpox, one of forty-three cases and the other of one hundred and sixty-five cases. During the last epidemic he was also in charge of an epidemic at Old Town, the local physicians not caring to treat the cases, owing to the possibility of its affecting their general practice, and was called out of town as an expert in contagious disease many times. He was appointed by Governor Cleaves a member of the State Board of Health and served many years, and was its last President when the State Department of Health was organized. He also served many years as a member of the State Board of Registration of Medicine, and was at one time its chairman; has served as Penobscot County physician twenty-four years, and represented Maine at several conventions, at Chicago, Buffalo, New York, Philadelphia, Montreal and Washington; has been President of the Penobscot County Medical Association and also President of the Maine Medical Association in 1910; was elected a member of the medical staff of the Eastern Maine General Hospital and was its senior member, serving as such many years, until a short time ago, having reached the age limit, he was retired and appointed a member of the consulting staff. He was appointed on the Advisory Board during the World War as medical examiner, which was exacting, and for which the Board voted not to accept payment, considering it a patriotic duty. The appointment was made by Governor Milliken.

County News and Notes.

ANDROSCOGGIN.

ANDROSCOGGIN COUNTY MEDICAL SOCIETY.

The meeting of the Androscoggin County Medical Society was held in the Municipal Court Room, Lewiston, Me., January 8, 1924. Meeting called to order by Dr. J. Sturgis, the President.

Records of previous meeting not read.

Read a letter from the Androscoggin and the Maine Public Health Associations, requesting the Androscoggin County Medical Society to appoint a member to represent the society at a meeting of the two above organizations. Dr. L. J. Dumont was appointed.

Dr. J. Sturgis appointed a committee, consisting of Drs. Call, Chaffers and Hall, to select the officers for the year 1924. They reported as follows:—

President—Dr. R. A. Goodwin.

Vice-President—Dr. W. W. Bolster.

Secretary and Treasurer—Dr. L. J. Dumont.

Board of Censors—Dr. W. Chaffers, one year; Dr. D. A. Barrel, two years; Dr. T. Fitzmaurice, three years.

Delegates to State Association—Dr. Webber, one year; Dr. Plummer, two years.

Dr. R. A. Goodwin, President, appointed a Program Committee, consisting of Drs. Grant, H. Garcelon, J. E. Dupras, J. Sturgis and R. A. Goodwin.

There were present: Drs. Chaffers, Giguere, Hall, Sturgis, Call, Plummer, Goodwin, Dupras, Bolster, H. Garcelon, Randall and L. J. Dumont.

L. J. DUMONT, M. D.,
Secretary.

CUMBERLAND.

CUMBERLAND COUNTY MEDICAL SOCIETY.

The sixty-seventh stated meeting of the Cumberland County Medical Society was held January 11, 1924, at the Congress Square Hotel. This was the annual meeting for the year and was called to order at

8.30 P. M. by the President, Dr. William H. Bradford. There were present seventy-five members and a few guests.

The records of the previous meeting were read and approved.

The annual report of the Secretary-Treasurer was read. This report was audited by a committee of three, Drs. Tobie, Bickmore and Everett, who reported the accounts were correct. The report was accepted and ordered to be placed on file.

The Public Relations Committee report was not given, as Dr. Gilbert, its chairman, was not present.

Dr. Spalding read obituaries of those who had died during the year. This report was accepted and ordered to be placed on file.

At the suggestion of the President, a silent toast of one minute's duration was given for our departed members.

Dr. T. A. Foster made a report on the complimentary dinner, and this was accepted and ordered to be placed on file.

The Board of Censors reported favorably on the following: Drs. Henry Wallace Hanson, Jr., Francis M. Dooley and Charles Howard Gordon, and all were elected to membership.

The Secretary read a certificate stating that Dr. E. R. Blaisdell, formerly of Mapleton, was a member of good standing in the Aroostook County Society, and Dr. Blaisdell was elected to membership in this society.

Dr. N. M. Marshall moved that the Secretary-Treasurer be given the authority to have five hundred new copies of the Constitution and By-laws printed, as suggested in the Secretary-Treasurer's report. This was so voted.

At the suggestion of Dr. Mann, the President-elect of the Maine Medical Association, President Bradford recommended that this society select one of its members to act with similar delegates of the other county societies and the Legislative Committee of the Maine Medical Association in formulating legislative matters. Dr. Adam P. Leighton, Jr., was nominated by Dr. F. J. Welch and was unanimously elected. Dr. Leighton thanked the members for having been chosen as a delegate to consider matters of such extreme importance and assured us that he would make every effort to help guide such legislative matters in their proper course.

The Secretary-Treasurer read a communication from Priscilla K. Robinson, chairman of Occupational Therapy Committee, offering the services of this committee to the members of this society.

The Secretary-Treasurer also read the resolution adopted by the House of Delegates of the American Medical Association on June 28,

1923, in regard to the dispensing of alcoholic liquors by some unscrupulous physicians.

The election of officers for the year 1924 resulted as follows:

President—Dr. F. N. Whittier.

Vice-President—Dr. W. Bean Moulton.

Secretary-Treasurer—Dr. E. E. Holt, Jr.

Censor for three years—Dr. J. K. P. Rogers.

Delegates to the Maine Medical Association for two years—Dr. P. P. Thompson, Dr. Frank Smith, Dr. W. H. Bradford.

President Bradford introduced Dr. G. A. Coombs, of Augusta, who spoke very interestingly of the work being done by the State Health Department, of which he is at the head.

The remainder of the evening was devoted to the consideration of cancer, under the following subjects: "Cancer Problems," Dr. C. M. Robinson; "Carcinoma of the Gastro-intestinal Tract," Dr. W. H. Bradford; "Carcinoma of the Genito-urinary Tract," Dr. Alfred Mitchell, Jr.; "Basal Cell Epithelioma," Dr. Benjamin B. Foster; "Pathology of Carcinoma," Dr. Mortimer Warren; "Publicity," Dr. N. M. Marshall. The important points of each phase of this subject were clearly and forcibly presented, so as to make us all better acquainted with this disease.

In the discussion which followed, the members highly commended the speakers for the way in which this subject had been presented.

Dr. Whittier then took the chair, and, after thanking the members for electing him President, said he would try to make the meetings as interesting as in the past and thereby have the society perform a service to all of its members.

The meeting was concluded by a rising vote of thanks given to the speaker of the evening.

Voted to adjourn. Adjourned.

E. E. HOLT, JR.,

Secretary-Treasurer.

Notices.

EASTERN MAINE GENERAL HOSPITAL.

STAFF PLEDGE.

At a meeting of the senior staff of the Eastern Maine General Hospital, held recently, among other matters discussed, the problem of "fee splitting," or the secret division of fees among physicians without the knowledge of the patient, received prominent attention. It was the opinion of the staff that this practice, in some of its forms at least, exists in the community, and that the public ought to be informed through the press just what "fee splitting" is.

To show the public that the members of the staff of the Eastern Maine General Hospital are already on record as being opposed to this evil and are bound to use every means in their power to safeguard the patient from this pernicious practice, it was unanimously voted to make public the pledge signed by all the members of the staff a few years ago at the request of the Board of Trustees:

"I pledge myself to pursue the practice of my profession with thorough self-restraint and to place the welfare of my patient above all else, to earnestly strive to advance constantly in knowledge by the study of medical literature, the interchange of opinion among associates, to regard scrupulously the interest of my professional brothers and seek their counsel when in doubt of my own judgment, to render willing help to my colleagues and to give freely of my services to the needy.

"I recognize the evils and perniciousness of 'fee-splitting,' or the secret division of fees without the knowledge of the patient. I therefore pledge that I will neither ask or solicit, give or be a party to the asking or giving of a secret division of fees. I furthermore declare that I will subscribe my support to secure the abolition of such practices and will do all in my power to defeat this practice in this community."

Bangor, Maine, March 21, 1921.

Galen M. Woodcock,
Henry M. Chapman,
Harrison J. Hunt,
Eugene B. Sanger,
A. K. P. Smith,
Bertran B. Bryant,
John B. Thompson,
Allan Woodcock,
H. T. Clough,
Daniel McCann,
James F. Cox,
D. A. Robinson,
Calvin M. Thomas,
Herbert C. Scribner,
C. H. Burgess,
Luther S. Mason,
J. L. Johnson,

Elmer E. Brown,
Harrison L. Robinson,
J. B. Woods,
Edward Tomlinson,
W. L. Hunt,
H. J. Milliken,
Leonard H. Ford,
Harold J. McGinn,
William C. Peters,
Harold M. Goodwin,
H. E. Thompson,
George H. Stone,
A. W. Fellows,
E. L. Herlihy,
Forrest B. Ames,
Carl R. O'Brien,
Earl S. Merrill,

ANNOUNCEMENT OF REMOVAL.

The many medical friends of Burroughs Wellcome & Co. will be interested in the removal of this well-known firm's New York establishment to their new building at 9-11 East Forty-first Street. This building, which is a modern steel-framed, fire-proofed twelve-story structure, is of pure Gothic style. Handsome and attractive in appearance, its refined and distinctive character makes it a pleasing and conspicuous addition to the many notable buildings in its vicinity.

Located opposite the Public Library, just off Fifth Avenue, in the very heart of what is recognized as the most central and select business district of the city, this new building is easily accessible from every quarter.

The firm's general offices for the U. S. A., now installed in the new premises, adequately provide for the growing needs of the business. Suitable arrangements insure rapid communication between these offices and their New York works and laboratories.

A cordial invitation is extended to the medical profession by Messrs. Burroughs Wellcome & Co., to visit their new Exhibition Rooms at any time, to inspect the display of fine chemicals, galenicals and other products for which the firm has been so long and favorably known.

The researches and experimental investigations carried on so many years by the firm through its laboratories and scientific departments have led to the accumulation of a wealth of special and unique information which is freely available at all times to medical men and scientific workers in general.

The work of Messrs. Burroughs Wellcome & Co. in connection with particular lines of investigation, such as the preparation of portable medical outfits, designed to save space for military, exploring, hunting and other expeditions and withstand the trying climatic and atmospheric conditions, has developed a wide variety of equipment, which will always be found at the service of those interested.

NEW AND NON-OFFICIAL REMEDIES.

The following articles have been accepted by the Council on Pharmacy and Chemistry for inclusion in New and Non-official Remedies:

Abbott Laboratories:

Potassium Bismuth Tartrate—D. R. L.

Ampules Potassium Bismuth Tartrate with Butyn 0.1 Gm.
—D. R. L.

Ampules Potassium Bismuth Tartrate with Butyn 0.2 Gm.
—D. R. L.

Britt, Loeffler and Weil:

Loeflund's Malt Soup Stock (Dr. Keller's Formula).

Hynson, Westcott and Dunning:

Flumerin—H., W. and D.

Lederle Antitoxin Laboratories:

Corpus Luteum—Lederle.

Corpus Luteum Extract—Lederle.

Ovarian Residue—Lederle.

1 Per Cent. Silver Nitrate Solution—Lederle.

Whole Ovary—Lederle.

Parke, Davis and Co.:

Ergot Aseptic.

Ampules Ergot Aseptic, 1 C.C.

Scarlet Red Sulphonate—P., D. and Co.

Scarlet Red Emulsion, 4 per cent.—P., D. and Co.

Scarlet Red Ointment, 5 per cent.—P., D. and Co.

Scarlet Red Ointment, 10 per cent.—P., D. and Co.

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The Journal assumes no responsibility for opinions expressed by the authors.

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No. 8

***OTOLOGICAL CASES OF INTEREST TO THE GENERAL
PRACTITIONER.**

By FREDERICK T. HILL, M.D., Waterville, Maine.

With the great development of medicine and its necessary division into numerous branches or specialties, the border line between these branches becomes of ever increasing importance. Just as civilization itself, with rapid strides, its new inventions and developments, bridging over what was formerly wide gaps of time and space, has made the living of any peoples in selfish isolation no longer possible, likewise any isolation in any of the specialists, any disregard of the facilities and assistance afforded by others working in the field of medicine, is not only oftentimes unfortunate for all concerned, but is inexcusable and frequently fraught with serious consequences. It is only by working together, by co-operation, that we may achieve the best results.

With this idea in mind, I have selected three otological cases to report to you, very briefly, this evening. While these cases are otological, they should be of interest to the general practitioner, because they represent classes of cases which would come, first of all, to the attention of the general practitioner. They represent types of the most serious complication, yet were quite misleading during the earlier stages, due to discrepancies in history, or the masking of important signs and symptoms by others, more trivial in character. I shall also report one case of endocrine type where the otological phase was only incidental,

* Read before the March meeting of the Kennebec County Medical Society.

and yet for considerable time this aspect of the case was the only one considered.

CASE I—Female, aged 24. Referred to me by Dr. Davies, of Augusta, August 5, 1922. She had had a discharge from the right ear since childhood, but had never paid particular attention to it. At this time, for some reason which she did not state, she saw Dr. Davies. He noted the ear condition, the discharge, which was very foul, with a disagreeable odor, and sent her to me. I found the middle ear filled with granulations and cholesteatoma, the membrana tympani missing and this purulent discharge. No mastoid oedema or tenderness. Hearing 4/40. I advised radical mastoid operation. Patient asked if she could wait for two weeks. I told her she might, but that her ear was a constant source of danger and she must take her own chances in waiting. Two days later she was seen again by Dr. Davies, who immediately sent her back to me. I saw her on her arrival at the hospital. She had a temperature of 104, had had three chills and been vomiting. She was tender over the emissary vein and along the jugular. I operated that evening, ligating the internal jugular vein and then performing a very rapid radical mastoid, as far as the bone work was concerned, and exposing and opening the lateral sinus, evacuating the thrombus and draining. Diagnosis of same: Lateral sinus, thrombosis following chronic suppurative otitis media.

She ran a very septic course after this, although the neck incision healed and the mastoid cavity rapidly cleaned up. She developed empyema and pneumonia. Dr. Lynn Goodrich twice aspirated a large amount of very foul brown fluid from pleural cavity. Culture showed streptococcus. However, she failed rapidly and died in two weeks.

The patient and her family could speak little English, and our history was not very satisfactory, but later her aunt, who was a trained nurse, told me that she had her initial chill, with rise of temperature, the evening of the 5th, about six hours after the first time I had seen her and had warned her of the possibilities of trouble. She and her family had paid no attention to this chill, attributing it to indigestion, and had, in fact, ignored the subsequent sepsis of the next two days until they finally called Dr. Davies the afternoon of the 7th. Thus much valuable time was lost. If we had been able to have interfered early in the game, before she had such an overwhelming dose of sepsis, she probably would have survived.

This case is interesting, as an example of trouble following so soon after a warning, and also is a good example of the dangerous possibilities from these chronic discharging ears. Each one is fraught

with possible grave disaster and should be carefully considered as to its conduct, the best available otological skill being employed. It is also interesting to consider why this girl, after all these years, suddenly consulted a doctor about this ear condition. Did she have some ill-defined symptom, such as headache, which she failed to confess to, but still impelled her to ask for help? I want to compliment Dr. Davies upon his prompt recognition of the seriousness of this ear condition.

CASE II—Male, aged 59. Gave no history of previous ear trouble. Consulted a doctor because his left ear felt "plugged up." The doctor removed a plug of cerumen from the canal, following which the canal became swollen and painful, and there was some discharge. One week later he consulted an otologist, who found he had an infected canal, together with a chronic suppurative otitis media. There was a large oval perforation in the membrana tympani. The canal was incised and the infection subsided. In a few days there was an exacerbation of this canal infection, during which the patient ran a temperature of 103, but this again subsided in a few days. Two weeks later the patient consulted Dr. Chaffers, of Lewiston, complaining of headache, pain in left ear and discharge. Dr. Chaffers was very suspicious of more trouble than the canal condition could account for, and in probing the discharging fistulous tract in the superior wall of the canal encountered bare bone. X-ray showed a dense sclerotic mastoid. I saw the case in consultation with Dr. Chaffers and radical mastoid operation was advised. This was agreed to and immediately performed. On opening the antrum, pus was found under pressure, while the dura was found exposed, covered with granulations and somewhat sagging downward into the antral cavity. This exposure was increased until normal appearing dura was uncovered. For a day or two preceding the operation the patient had shown an inability to remember names, but no other neurological signs. While we felt suspicious that we were dealing with a case of intracranial abscess, it did not seem good judgment at that time to enter the dura. We decided to wait subsequent developments, making it the much-preferred two-stage operation, if it should be deemed expedient to proceed. For two days following the operation he was better, then his temperature ran to 102 and fluctuated between normal and 103 for two days. His pulse averaged 110, white blood count 14000 reflexes O. K. Mentally cloudy with amnesia and incomplete aphasia. Involuntary twitching of muscles of left face. I saw him again with Dr. Chaffers and we decided to operate. I re-opened the incision, incised the dura, and entering the temporo-sphenoidal cortex upward and inward evacuated a large abscess cavity. Cigarette drain introduced.

Diagnosis: Brain abscess, following O. M. S.Ch. The next day he was improved. He could talk and was mentally clear, but in twenty-four hours he began to complain of severe headache and went into coma and died.

Here we have another example of serious complications following a neglected chronic discharging ear, and where the development of the symptoms of the intracranial involvement were masked first by the cerumen and later by the canal infection. Much credit is due to Dr. Chaffers for his careful diagnosis, his refusal to consider the condition as due to the canal, in view of its persistency and the amount of discharge.

CASE III—A young girl, aged 23. Gave no history of previous ear trouble, but admitted having been subject to spells of loss of consciousness, epileptiform in character. During one of these attacks she was struck by an automobile, considerably bruised about the face, neck and shoulders, and had bleeding from the right ear. Twenty-four hours later she developed a complete right-sided facial paralysis. When I saw her, four days later, the canal of the right ear was filled with blood and pus with the foul odor of cholesteatoma. The superior and posterior portions of the osseous canal were fractured and thrown forward, so that I was unable to see the external auditory meatus. The fundi were normal, pulse and temperature normal, no headache, vertigo or vomiting, no nystagmus. Hearing 1/40. Labyrinth and cerebellum negative to tests. Radical mastoid operation was advised, both to relieve pressure on the facial nerve and to try and avoid infection from the external auditory meatus traveling backward along course of nerve to brain. After a little delay this was agreed to, and five days later I performed a radical mastoid operation. I found a fracture of the skull running from the parietal region downward through posterior portion of the external auditory meatus. Classical radical operation was done, removing posterior canal wall down to about the level of the facial canal and thus relieving pressure. The middle ear was found filled with granulations and cholesteatoma. Seven days later a slight motion of the lower eyelid was noted. A secondary Tiersch skin graft was performed, and the cavity gradually became epidermatized. The facial paralysis gradually subsided, so that by ten weeks it was just perceptible, and in six months this was entirely well. Hearing 1/25. This patient was quite neurotic. She complained of menses being irregular and of being preceded by pain in the right ear. At these times she would be dizzy in the morning.

Four years later I saw her again and found the radical cavity in

good condition except in the region of the Eustachian tube, where there were some granulations. There was some mucous discharge. I advised curettage of tube, together with the removal of her tonsils, which were infected. At this time she consulted Dr. Sturtevant in regard to her shoulder, which, although it had been supposedly taken care of, had bothered her a great deal. He found an old subluxation and took care of this at the same time that I curetted the tube and removed the tonsils. The girl is considerably improved, or was the last time I saw her, although inclined to be neurotic. There is no evidence of the facial paralysis.

This is an example of trauma, superimposed upon a chronic suppurative process, with grave possibilities of trouble, and demonstrating the advisability of otological examination in every case of cranial injury where there is any question of fracture involving the temporal bone.

CASE IV—Female, aged 62. This case is of especial interest, because it coincides with the rest of the subjects of the evening. The patient complained of deafness and tinnitus in both ears, for which she had been under treatment for the past three years by several specialists. She had had a great deal of inflation of the tubes and all sorts of local treatment, but without any improvement, in fact, she had been rapidly going down hill. Examination showed a short, thick-set woman, with heavy, coarse features, skin rough and thick, hair coarse, considerable puffiness and edema at the eyebrows, hands short and stubby. Her speech was thick and she said that her tongue felt too big for her mouth. Her ears were negative in appearance, except for the same dry, scaly condition of the canal as noted elsewhere with the skin. Her nasal mucous membranes were badly congested and her tonsils inflamed. Hearing: right, 1/20; left, 1/40. This was obviously a picture of hypothyroidism or Myxedema. The deafness and tinnitus were simply one manifestation of this trouble, which, as Sajou has pointed out, is seen fairly frequently in these cases. This is probably caused by a submucous infiltration, as shown by the nasal condition and a consequent disturbance of the conduction apparatus. She was referred to Dr. Fish, who confirmed by diagnosis and instituted proper treatment. After about four months' treatment her hearing is now 16/20.

When we consider the ultimate outcome of these cases which are not discovered and treated, we realize the importance of careful diagnosis in these cases. Not alone deafness, but insanity and a wasting death would have been this woman's fate.

Too often those doing special work are prone to see only the local manifestation of the disease which especially interests them and fail to

study the whole problem. This is one of the justifiable criticisms of specialism. It is frequently too easy to make a snap diagnosis fit the condition under consideration. We, all of us, even with the most careful and conscientious efforts, will make plenty of errors, but many of these may be avoided by thorough and painstaking diagnostic study. Diagnosis should not be limited by one man's ability. The utilization of all the best skill available is none too much where human life and happiness are at stake.

*TRAUMATIC CEREBROSPINAL LESIONS.

By NEIL A. FOGG, M. D., Rockland, Me.

The subject of this short paper is one which I believe to be of interest to the profession at large. Since the advent of the automobile this subject has been of more importance to the general practitioner than formerly. Automobile accidents are more common, and all are apt to see and treat concussion, fractured skulls and spines. In the cases that I have had to treat it has been impressed upon me the value of accurate knowledge. There have been marked strides in the recognition of the exact pathology present, and its appropriate treatment. When one sees a patient with a suspected head injury for the first time, he wonders what the outcome will be, and is usually just a bit uneasy to know that his treatment is correct. In this paper I wish to emphasize briefly the accepted procedure, lumbar puncture, which should be carried out and followed in treating patients with these injuries. We should no longer observe to await developments, but be prepared to act properly at once, that ultimate function may return quicker, better and without sequelae that place the patient in the semi-invalid and invalid classes.

The patient cannot be intelligently treated unless certain questions are asked and answered truthfully. "Is the patient in shock?" is perhaps the first question to ask. Too many cases have been operated in the past before the shock had been properly treated and overcome. I recall giving anæsthetics to such cases and having them die about the time an operation was completed. Most all head cases are in shock when first seen. The cold, clammy skin, the pallor, subnormal temperature, a pulse of one hundred and thirty or more, which is weak, thready and irregular, respirations thirty to forty, and a blood pressure about one hundred cannot give a mistaken diagnosis. Any operative procedure, even as simple as lumbar puncture, is con-

* Read before the Maine Medical Association, June 7, 1923.

traindicated until the shock is over. This applies in all cases, no matter how severe the injury may appear to be. Do not do anything to add to the shock already present. Do not make a prolonged examination. Keep the patient absolutely quiet, apply external heat, give stimulating enemata, and narcotics for restlessness.

The next question to ask is, "If shock is not present, is this a case of concussion?" Cerebral concussion without demonstrable pathology is perhaps the simplest condition that confronts us. It is regarded by some as a mild state of shock following an injury to the head. It may last for a few moments or continue for a few hours, after which a more advanced state of injury may show itself. In concussion the pulse is full, regular and normal in rate; the pupils react sluggishly to light; the patient is drowsy and kind of semi-conscious, and can be aroused, after which he reverts to his former condition. The blood pressure is normal, and there are no abnormal reflexes present. The patient may have vomited once, but, as a rule, it is not repeated. All that persists after some hours is a headache. Treatment consists in rest in bed, half hourly observation of the pulse, an ice bag to the head, and lumbar puncture to determine increase in pressure and presence of blood in the spinal fluid. The diet should be liquid and recovery should be complete in forty-eight hours, after which the patient can be allowed up. I have seen within a year a man who was pinned beneath a Ford car who presented the picture of concussion, except that one pupil was much larger than the other, with a light both contracted to the same size. It later developed that the eye had been injured years before, and the explanation relieved me, because I was at a loss to explain the phenomena in view of the other findings, which did not fit in with a pathological lesion being present.

"Is there damage to the cerebrospinal contents?" is our next question. We are not so much interested with the diagnosis of the condition actually present, such as a fractured skull, as we are to know the condition of the cerebrospinal contents. Any damage to the cerebral contents is shown by signs of compression. The compression is due to an increase of cerebrospinal fluid, that is secondary to laceration of brain tissue, with its spreading oedema, or secondary to haemorrhage. This is most easily shown by an increase in the pressure, as shown by lumbar puncture, but can also be determined by an examination of the eye grounds, which will show dilatation of the retinal veins. This latter method is perhaps more specialized and will not be considered in this paper. Careful observation to determine the intracerebral pressure should be made in all head cases. The pressure is below normal in shock, and should not be taken. In

compression it is above normal, and may rise to a high point in medullary cedema. The normal pressure ranges from six to twelve millimeters of mercury. From twelve to sixteen millimeters is definitely increased, and above sixteen is considered dangerous to the patient who has received an injury.

The clinical conditions, cerebral irritation, compression and medullary cedema, are one of degree only in reference to the tension of the cerebrospinal fluid.

Cerebral irritation is present when there has been an injury to the soft parts within the skull. The injury may be trivial, but a slight increase in pressure causes restlessness and muscular twitchings. The patient may lie curled up in bed, but is restless, and if irritated may become violent. The pupils are contracted and temperature may be normal. The pulse is usually small, feeble and slow. Mentally there is extreme irritability of temper. Recovery may be perfect or followed by various mental changes. Ideal treatment for this condition is repeated lumbar puncture with withdrawal of fluid daily to keep the pressure as near normal as possible. I have seen one case showing irritation during the last three years. This case was operated by a decompression, and had an uneventful convalescence. My present view is that palliative lumbar puncture would have been sufficient in this case.

Cerebral compression is the next stage of severity, and should be watched for most carefully, that appropriate treatment may be instituted early. It is the "alarm clock" for activity. If possible it should be avoided, but definite action taken when recognized. If allowed to go on too long a fatal result can be expected. It at first stimulates the various centers in the medulla, and may not come on for some hours after the initial injury. It may follow a depressed fracture, and an X-ray examination is essential in all head cases after the shock has subsided. In the interval while the cedema is developing is the best time to study the patient. The patient is previously conscious and complains of headache, later he becomes drowsy and may pass into coma, from which it is impossible to arouse him. The blood pressure is increased and the pulse gradually drops to fifty or below. The pupils become unequal with the dilated pupil on the affected side. There may be focal symptoms of paralysis or irritation present. Lumbar puncture reveals a pressure above twelve millimeters of mercury, and anything over sixteen millimeters calls for radical treatment immediately.

When first seen by the doctor it may be necessary to distinguish from cerebral concussion. Concussion comes on immediately after the

injury. Compression usually some hours later. The pulse is slow, irregular and full compared to the normal weak pulse of concussion. The pupils may be unequal in compression. If the condition is allowed to go on, the final stage of compression, known as medullary oedema, will develop. The cerebro-spinal pressure will be high. Both pupils will be dilated and do not react. The respirations are of the Cheyne-Stokes type, and the pulse suddenly becomes rapid, over one hundred and thirty, weak and irregular. The temperature rises and may go above one hundred and six degrees. This is the final stage and treatment cannot help the patient.

The treatment of cerebral compression is palliative or operative. Not all cases require the operative treatment. It is quite evident that depressed fractures of the skull require operative interference, after the initial shock has subsided. All compound injuries should be operated, and a sort of debriment performed, exercising badly contused bone and tissue. All cases showing localizing signs should be operated that the irritating focus may be removed. The great problem seems to lie in determining what to do in the cases that do not appear to be severe, but have an increased pressure, and may be gradually advancing in severity. A superficial examination does not show a compound or depressed fracture. The X-ray may show a fracture of the vault or base. What is the best treatment for these cases? I believe that the palliative treatment should be tried in all cases, if the pressure is believed to be intradural in origin, and at lumbar puncture is not excessive, and if the pulse is not below fifty. The palliative treatment consists of rest in bed, ice bag to head, catharsis, and lumbar puncture daily, if necessary, to relieve the intra-cerebral pressure and headache. If this treatment does not allay the symptoms, or if signs of further compression are added, operative treatment is indicated. The operation is primarily performed to relieve the pressure and allow a constant vent to be present. Operative treatment is indicated when palliative treatment fails to relieve, and when the spinal pressure is above sixteen millimeters of mercury at the first puncture, or if the pulse drops to fifty or below.

In all operative cases, if possible, localize the compression and bear in mind that intracranial lesions without fracture are often more serious than those with fracture. A haemorrhage itself is never sufficient to kill, but it is the oedema from irritation that does. At the Knox County General Hospital I have treated two cases of fractured skulls by the palliative expectant treatment with excellent results. One case at the first puncture showed bloody spinal fluid, the following punctures were clear and each time the pressure was decreased. In these

two cases it has been interesting to see the drowsy mental state gradually clear and the patient return to a jovial condition.

It should be emphasized that no operation is indicated when the stage of medullary oedema is present. This is a terminal condition and operation will only hasten the death. Other contra-indications are when the signs of compression are developing very rapidly, and when other severe injuries are present, making the prognosis fatal.

In all cases of head injuries our efforts should be directed first, to save the life of the patient, and secondly, to prevent all the after-effects that it is possible to. The most important of these effects are loss of memory, irritability of temper, loss of power of attention, loss of the moral control, traumatic insanity, headache and epilepsy. To combat these effects, complete mental rest is essential from one month to two years, depending upon the patient and his work.

In this paper I have endeavored to show that it is not a diagnosis of the injury present that is important, but that observation of the condition within the cerebrospinal canal, more than any other fact, determines the treatment and possible recovery of the patient.

MEETING OF THE EYE AND EAR SECTION OF THE ASSOCIATION.

The members of this Section enjoyed a most delightful evening on Thursday, the 7th of February, with a reunion, the first in many months.

After an excellent dinner at the Congress Square Hotel, the meeting was called to order by President Mitchell, of Houlton, who, after the transaction of business, introduced as the reader of the first paper, Professor (and Dr.) George S. Derby, of Boston, who has lately been appointed to the chair of ophthalmology in the Harvard Medical School. Dr. Derby read a very exceptional paper on various points in glaucoma, that disease which, after fifty years or more of profound study, remains as obscure and as baffling as ever. Do what we can, the results are only encouraging, from the earliest possible operations and to keep down the tension of the eyes for life by miotics. Dr. Derby laid special stress on the measurements of the visual field, and on the scotomata of glaucoma, and exhibited many attractive slides. The many new points in diagnosis were highly appreciated.

The second paper was by Dr. L. V. White, also of Boston, on diseases of the teeth, tonsils and sinuses, which produce blindness in one eye or the other, or both. The stress of the paper was laid on the contraction of the optic canal by these varied affections, from which arose

optic atrophy with loss of sight. Many X-ray pictures of the canal were shown to prove the assertions of the essayist, as only by operations on the sinuses or tonsils, or by extraction of teeth, could any sight be maintained or possibly restored. This paper attracted great attention, with its novel views.

The cases reported were, however, arranged statistically and we regret that a few special instances were not presented for discussion.

Altogether, this meeting was one of the most valuable ever held by this Section, and it should stimulate the members to make personal investigation and study in glaucoma, and of the effect of abscessed teeth, tonsils, and sinuses infections upon the sight.

J. A. S.

Necrology.

WILLIAM ROGERS.

Bar Harbor and Hampden, 1840-1923.

We regret to announce the death, December 23rd, 1923, of this former member of our Association for many years. He was born in Hampton, served in the U. S. Navy during the Civil War and studied at Bowdoin, obtaining there his medical degree in 1872. He practiced successfully in his native town until 1878, when he removed to Bar Harbor and became there very prominent, in fact, a leading citizen, physician, business man and banker for some five and twenty years.

Leaving Bar Harbor in search of health and travel, he served as ship's surgeon on the New York and Porto Rico S. S. line, retiring ultimately in 1916, in his seventy-sixth year, and spending the rest of his life in Brookline, Mass.

Dr. Rogers married Miss Charlotte Stetson, of Hampden, in 1876, who died before him, and he is now survived by two daughters. He was an active member of the Loyal Legion, and at his request his remains were brought back to Hampden and buried there, where he was born.

J. A. S.

County News and Notes.

FRANKLIN.

FRANKLIN COUNTY MEDICAL SOCIETY.

The annual meeting of the Franklin County Medical Society was held at the Exchange Hotel, November 8th, 1923.

The following officers were elected for 1924:

President—A. M. Ross, M.D., Farmington.

Vice-President—A. E. Floyd, M.D., New Sharon.

Secretary-Treasurer—G. L. Pratt, M.D., Farmington.

Delegates to Maine Medical Association—G. H. Coburn, M.D., Rangeley; Alternate, C. W. Bell, M.D., Strong.

Censor for Three Years—T. E. Makepeace, M.D., Farmington.

Dr. H. S. Emery, of Portland, gave a very interesting talk on the use of insulin.

A number of guests were present at the dinner, which preceded the business meeting.

GEORGE L. PRATT, M.D.,
Secretary.

PENOBCOT.

PENOBCOT COUNTY MEDICAL SOCIETY.

Five members of the Penobscot County Medical Society who have been in active practice for forty-five years or more, were honored at the regular monthly meeting, held at the Bangor House, Tuesday evening, January 15, 1924. Three of the five physicians honored on this occasion were present, these being Dr. Galen Woodcock, Dr. William E. Fellows and Dr. Walter L. Hunt, the absent ones being Dr. Henry D. Worth, who was unable to be present on account of illness, and Dr. Calvin P. Thomas, who is spending the winter in Florida. Dr. Thomas sent a telegram expressing regret at his inability to be present and extending best wishes to his fellow members. Dr. H. D. McNeil, Secretary of the society, was instructed to send a night letter to Dr. Thomas expressing the best wishes of the gathering.

Dr. Galen Woodcock is the dean of the quintet of physicians honored at Tuesday night's medical meeting, having been practicing his profession for about fifty years. Dr. Hunt and Dr. Fellows have both

been practicing for about forty-eight years, Dr. Thomas about forty-seven years and Dr. Worth a little over forty-five years.

Dr. Carl J. Hedin, President of the society, presided at the meeting, and Dr. A. K. P. Smith acted as toastmaster. Dr. Smith paid a glowing tribute to the worth of the late Dr. W. C. Mason, for many years a valued member of the society.

The following toasts were responded to by guests of honor: "Milestones," Dr. Galen M. Woodcock; "All Medical Paths Converge," Dr. W. E. Fellows; "Fads," Dr. Walter L. Hunt.

Congratulatory remarks were made by Dr. C. S. Philbrick, Dr. Barbara Hunt, Dr. G. H. Stone, Dr. B. L. Bryant, Dr. L. H. Blanchard, of Pittsfield, and Dr. J. B. Woods.

Dr. D. A. Robinson, who was unable to be present, sent the following letter, which was read to the assemblage:

"MEMBERS OF THE PENOBSCOT COUNTY MEDICAL ASSOCIATION:

Brother Pill-grims:—I am very sorry not to be with you this evening and help in doing honor to our elder brothers in the profession, but for five weeks I have been an interested observer of a battle between an army of streptococcus ferox, which invaded my system through a breach in the skin made by a hemlock splinter, and the native, protecting army of phagocytes. The suddenness and fierceness of the attack took the defense so by surprise that at first they were badly beaten, but they finally rallied, and with the timely assistance of doctors and nurses the invaders were driven off, and now all that remains to be done is to fill up the trenches that were made by the defense.

Perhaps sometime later the Association may have a meeting in honor of some of us younger members. Then I shall have to be present and take part in the festivities.

The Association will not need to HUNT for game as long as it has a WOODCOCK. Being all good FELLOWS I know the meeting will be WORTH while and be a success in spite of any doubting THOMAS.

Sincerely yours,

D. A. ROBINSON.

Those present were: C. J. Hedin, M.D., C. R. O'Brion, C. H. Burgess, A. K. P. Smith, A. E. Small, H. T. Clough, W. E. Fellows, H. C. Knowlton, Hampden, H. D. McNeil, Galen Woodcock, C. H. Blanchard, Pittsfield, C. J. Taylor, W. L. Hunt, J. B. Woods, H. E. Snow, Bucksport, Barbara Hunt, H. E. King, H. J. Milliken, J. F. Cox, H. W. Sampson, H. E. Thompson, L. H. Smith, Winterport, L. S. Mason, J. B. Thompson, J. F. Starrett, W. B. Trickey, Pittsfield, H.

J. Hunt, C. F. Kendall, Augusta, G. H. Stone, J. A. Lethiecq, C. E. Philbrook, B. L. Bryant, A. W. Fellows, H. M. Goodwin.

H. D. MCNEAL, *Secretary.*

The Penobscot County Medical Society held its regular monthly meeting at the Bangor House, Tuesday evening, Feb. 19, 1924.

Dr. Lewis W. Hill, of Boston, gave an interesting address on "Some Useful Points on the Therapeutics of Infancy and Childhood."

The following were present: Drs. Lewis W. Hill, Boston, Mass; A. K. P. Smith, W. E. Fellows, A. W. Fellows, Forrest Ames, H. E. Thompson, J. F. Cox, E. E. Brown, C. R. O'Brien, H. D. McNeil, A. E. Strout, Galen Woodcock, E. D. Merrill, C. H. Burgess, J. B. Clement, B. L. Bryant, L. H. Ford, C. J. Taylor, J. F. Starrett, H. S. Sampson, E. R. Herlihy, J. H. Johnson, H. W. Johnson, H. W. Chapman, L. H. Wright, W. M. Emerson, H. S. Goodwin, J. H. Russell, South Brewer, Me.; H. E. Knowlton, Hampden; N. R. Cook, Newport; J. J. McVetty, Corinna; H. E. Snow, Bucksport; Edward Marquis, Old Town; F. D. Weymouth, Charleston; W. B. Trickey, Pittsfield; L. H. Blanchard, Pittsfield.

H. D. MCNEAL, *Secretary.*

YORK.

YORK COUNTY MEDICAL SOCIETY.

The regular quarterly meeting was held at the City building, Biddeford, Thursday, January 3, 1924, Dr. D. E. Dolloff, Biddeford, presiding.

Drs. V. E. Bolduc and A. W. White, Sanford, and R. C. Hannigan, Biddeford, formerly of Bath, were elected to membership.

Dr. C. W. Blagden, Sanford, the Treasurer, reported as follows:

Receipts for year 1923,	\$499.81
Expended for year 1923,	348.87
Balance Jan. 3, 1924,	\$150.94

Resolutions were read and adopted regarding the death, on October 12, 1923, of Dr. James O. McCorison, for many years a highly esteemed physician of North Berwick.

A committee on nomination reported a list of nominees, and they were elected, their offices being:

President—Dr. G. R. Love, Saco.

Vice-President—Dr. A. L. Jones, Old Orchard.

Treasurer—Dr. C. W. Blagden, Sanford.

Board of Censors—For two years, Dr. J. D. Haley, Saco; for three years, Dr. J. A. Randall, Old Orchard.

Delegate to Maine Medical Association—For three years, Dr. E. C. Cook, York Village.

The work of the York County Public Health Association, as presented in a report read by Dr. Dolloff, was endorsed, and it was voted that our Committee on Public Health and Legislation should co-operate with the County Public Health Association.

Dinner was enjoyed at Hotel Thacher at 1.00 o'clock, and the afternoon session was opened at 2.00 o'clock, Dr. Love, the newly elected President, in the chair. At this time Dr. C. F. Traynor, Biddeford, was elected Secretary, but subsequently resigned the office, and the former Secretary, Dr. A. L. Jones, who had served twelve terms continuously, having been requested to perform the duties of Secretary until the next meeting in April, expressed his willingness to do so.

Dr. C. A. Moulton, Hartland, President of the Maine Medical Association, spoke in an interesting way concerning various matters engaging the attention of the Maine Medical Association and the component county societies.

Dr. L. T. Thaxter, Portland, presented the subject, "Fractures" in a manner that was most instructive and practical.

Dr. C. B. Sylvester, Portland, Councilor for the First District, endorsed the views presented by Dr. Moulton regarding medical legislation and medical expense, and urged a more united stand among the physicians on all matters affecting their welfare.

Dr. L. L. Lowell, Portland, was to have read a paper on "Gastric Ulcer," but it was deferred until the April meeting, on account of lack of time.

A rising vote of thanks was given to the guests of the day.

The following were present: Drs. C. A. Moulton, Hartland; C. B. Sylvester, L. L. Powell, L. T. Thaxter, Portland; B. F. Wentworth, Scarboro; C. W. Blagden, Sanford; H. L. Prescott, Kennebunkport; A. J. Stimpson, Kennebunk; C. J. Emery, F. E. Small, D. E. Dolloff, C. F. Traynor, R. C. Hannigan, R. C. Upham, Biddeford; J. D. Cochran, J. D. Haley, C. E. Thompson, F. C. Lord, C. G. Dennett, Saco; J. D. Randall, A. L. Jones, Old Orchard.

A. L. JONES, *Secretary pro tem.*

Correspondence.

March 6, 1924

Journal of the Maine Medical Association, Portland, Maine.

Dear Sir: The discovery and development of Insulin by Dr. F. G. Banting, Mr. C. H. Best, and other co-operating investigators, has brought relief to a multitude of sufferers from diabetes throughout the world. At a low price this boon has been placed within reach of all. But it is well known that only a beginning has been made in alleviation even of this one malady. Notwithstanding the magnificent advances that have been effected in arresting or averting many of the most grievous attacks of disease on human life, mankind is beset by enemies. Their strategy must be discovered and circumvented. This can be done only by patient research, conducted in the main by skilled investigators who devote their lives to scientific enquiry. For these investigators the public at large must provide the means of support, for it is they who benefit immensely thereby. Such work has been going on quietly all over the world. Laboratories in the universities have groups of investigators working in co-operation under the direction of competent scientists. But only now and then does a result such as Dr. Banting achieved strike the imagination of the world. It is therefore but appropriate that advantage should be taken of it to appeal to the grateful public for support in making possible the continuance and prosecution of this work and of other investigations in medical science. To effect this, and to signalize the discovery and the development of Insulin, the Banting Research Foundation has been created.

The purposes of this Foundation have been defined to be:

(a) To provide, in the first instance, further funds for the support of the Banting and Best Chair of Medical Research at the University of Toronto.

(b) To establish a fund for the adequate financial support of such scientific workers as may have proposed definite problems of medical research, and for whom funds are not otherwise available. Such assistance may be given to persons working in the University of Toronto or elsewhere.

All financial arrangements in connection with the collection and reception of the principal and subsequent expenditure of the income of the fund have been vested in a Board of Trustees, the members of which are appointed for a term of three years, subject to reappointment at the

end of their respective terms of office. Trustees have now been appointed as follows:

Chairman—Sir. Robert A. Falconer, K.C.M.G., D.Litt., LL.D., D.D., Edin., D.C.L., Oxen., President of the University of Toronto.

Honorary Treasurer—Lieutenant Colonel R. W. Leonard, Member of the Board of Governors of the University of Toronto.

Rev. Canon H. J. Cody, D.D., LL.D., Chairman, Board of Governors, University of Toronto.

C. S. Macdonald, Esq., M.A., General Manager, Confederation Life Association.

W. E. Gallie, M.D., F.A.C.S., F.R.C.S., Eng., Surgeon-in-Chief, Hospital for Sick Children, Toronto.

Professor J. G. FitzGerald, M.D., F.R.S.C., Professor of Hygiene and Preventative Medicine, Director, Connaught Laboratories, University of Toronto.

Professor V. E. Henderson, M.A., M.B., Professor of Pharmacology, University of Toronto.

Mr. John W. Rogers.

The Trustees propose to make an appeal to the public for funds in the immediate future. In the meantime they desire to bring these facts to your attention, and they hope that you will be good enough to communicate them to your readers. Believe me,

Yours faithfully,

F. THORNE HUTCHINSON, *Honorary Secretary.*

P. S.—Subscriptions to the fund will be welcome at any time and should be made payable to the Banting Research Foundation, Toronto, Canada.

Note.

INTERSTATE POSTGRADUATE ASSEMBLY.

An interstate postgraduate clinic tour to Canada, British Isles and Paris in 1925 is now being arranged under the supervision of the Managing-Director's office of the Tri-State District Medical Association leaving time about the middle of May. The Tour will consume approximately two months' time, and the total cost from Chicago and back to Chicago again will be less than \$1,000.00 This will include all clinic arrangements and admissions and all traveling expenses, except meals

on Pullmans in America and tips on the ocean steamer. First-class hotels will be used everywhere, and the ocean passage will be on the largest and finest of the new one cabin ships.

Clinics are being arranged in Dublin, Belfast, Liverpool, Manchester, Leeds, Edinburgh, Glasgow, Newcastle, London and Paris and other points of clinical interest. The clinics will be conducted by the leading clinicians of these cities. The opportunity will be given, subsequently, to visit the clinic centers in other parts of Europe.

This Tour is open to members of the profession who are in good standing in their state or provincial societies and their families and friends.

Sight-seeing programs will be arranged practically every day abroad, including the most scenic part of the countries visited, without extra cost.

On account of the great demand for reservations, applications should be made as early as possible to Dr. William B. Peck, Managing-Director, Freeport, Ill. Preference in the assignment of hotel and steamship accommodations will follow the order in which the applications are received.

NEW AND NON-OFFICIAL REMEDIES.

During February the following articles have been accepted by the Council on Pharmacy and Chemistry for inclusion in New and Non-official Remedies.

Abbott Laboratories:

Butesin Picrate.

Butesin Picrate Ointment.

Parke, Davis and Co.:

Dibromin.

E. L. Patch Co.:

Patch's Flavored Cod Liver Oil.

Vitalait Laboratory of California:

Vitalait Culture Bacillus Acidophilus.

Wilson Laboratories:

Epinephrin—Wilson.

Epinephrin Powder—Wilson.

Epinephrin Solution, 1:1,000—Wilson.

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Proof-sheets will be sent to the author when requested.

Communicate with the printer early regarding reprints, as the best rates can be had during time that the paper is on the press for the Journal.

The Journal assumes no responsibility for opinions expressed by the authors.

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No. 9

HEALTH PROGRAM IN MAINE SCHOOLS.

By A. O. THOMAS, Commissioner of Department of Education.

Maine is undertaking, through its Department of Health, to make the state a fit place in which to live, and through the Department of Education, to bring up a group of citizens worthy of that fitness. It is about the school program of child health which I wish to write.

We have set up a complete program of health education and will strive now to make it effective. We are receiving co-operation from many sources, among them the Maine Public Health Association, the American Red Cross and the State Department of Health. Our program includes sanitary conditions in all schools. Proper light, heat, ventilation and sanitary conditions are required. This program of making the physical condition of our schools fit is well under way, and Maine is making a great stride in this particular. We hope by 1927 that it will not be necessary for any group of children anywhere in Maine to attend school in unsanitary, unsightly surroundings. Our law specifically requires that all school building toilets meet the requirements of the state by 1927. Either flush toilets, chemical toilets or attached sanitary dirt toilets are required.

Our course of study carries a complete series of lessons or plans of instruction in the principles of health. This instruction is given to all children of the state, and with it the health project known to our people as the health chores under the Modern Health Crusade. About 60,000 of the children of the state are working systematically

on the health project. In addition to this, manual exercises, plays and games are being carefully supervised, and the teachers are giving gymnastics and setting-up exercises in their schools. Most of the schools of the state have supervised playgrounds.

Our program also includes warm luncheons in the schools. The department has prepared a bulletin on hot luncheons for the aid of teachers. Schools are encouraged to establish warm luncheons where it is necessary for children to bring their dinners. It is not necessary to set up any argument in support of this plan, for its benefits are obvious. In most schools the weights and measures are taken, and the special program of bringing up underweights and malnutrition is undertaken. In many places children are given milk at certain periods during the day. Many of our country schools especially arrange with farmers to bring the milk to school at least once a day for the use of the children. The plan is growing in favor.

Our laws require that the teacher examine the children for sight and hearing. This is done and the parents notified of defects. In many cases teachers are assisted by local physicians and nurses.

Our plan also contains provision for school physicians, school nurses and physical directors. There are at present about one hundred school physicians. It has been impossible to get physicians for many outlying towns, but eventually we hope to extend the work to all of the towns of the state. Very much encouragement is received from medical examinations, and where the work has been carried on for several years marked improvement is noticed. It is quite essential that corrective work be undertaken, which may be done at very little cost. Many children may be relieved of their handicaps for life if taken in time. Parents should not neglect, when notified by school authorities, to apply the proper remedy. We have also about fifty school nurses installed. Besides these, the Red Cross nurses and the public health nurses are co-operating extensively. There are also about forty-four directors of physical education. The state co-operates to the extent of one-half the salaries of supervisors and directors of health education, and in this Maine is a long lap ahead of most of the other states of the Union.

At the present time we are undertaking a census of the physically handicapped children of the state. Blanks have been forwarded to all school superintendents who will co-operate with the census takers. We undertook such a census a year ago, but it was not complete in all towns. We hope this year for a complete census. After the census is taken, the Maine Public Health Association, through its Child Welfare Division, will undertake to establish a number of

clinics—at least ten—in different parts of the state, for the purpose of bringing in these physical handicaps and administering to their wants. We have the assurance of the co-operation of many of the strong organizations throughout Maine, among them the Chambers of Commerce, Rotary, Kiwanis and Women's Clubs.

This is the first attempt, so far as we know, of any state in the Union to send out a dragnet for the children who might of necessity go down through life with handicaps from which they rightfully should be relieved. For all children above sixteen the State Department, through its Rehabilitation Division, can offer financial assistance. It may be of interest to the people of Maine to know that there are in Maine approximately 17,000 injuries in industries each year. Of these probably from one hundred to two hundred are so injured that they are unable to return to the trade in which they formerly worked. The purpose of this division is to take these persons and re-educate them to some other line of work which they can do. We have at the present time under rehabilitation about one hundred persons, and the list is constantly growing. We have been able, in many instances, to take persons who would have been wholly helpless and restore them to earning capacity and pleasant employment.

FOR BETTER HEALTH.

By C. F. KENDALL, M. D., Augusta, Me.,

Commissioner, State Department of Health.

History records that man through the ages has been the victim of pestilence and disease; that no organized effort had ever been made to prevent these attacks of pestilence, and only when epidemics prevailed was anything done to stamp out disease and prevent death. In most cases the disease stopped only when the most of the people had died or were immune after having recovered from the prevailing disease.

Since the times of Edmund Chadwick and Florence Nightingale rapid strides have been made in the prevention of disease. From the first, when emphasis was placed on sanitation, until the present time, when great stress is made on personal hygiene, there have been many important discoveries which have helped to prevent disease and prolong life. The discovery that certain diseases were caused by specific organisms was a new era in disease prevention. It was found that isolating those sick with certain diseases prevented the spread of these diseases. Later it was proven that certain diseases, such as

malaria, yellow fever and others, were transmitted from the sick to the well by insects. This led to the campaign of destruction of mosquitoes, flies and other disease-bearing insects, and their breeding places. All this was largely an attack against communicable disease, yet many people are dying to-day of preventable diseases whose lives might be prolonged several years.

Health is that quality of life that renders the individual fit to live most and serve best. It is the normal and ideal condition of the body and mind, and any deviation from this normal is called disease. It is not until health is lost that many people appreciate its value, and then people seek those who claim to cure disease. It is not a condition for which we should be compelled to search, because it is the normal condition.

The progress made since the time when all emphasis was placed upon general sanitation, to the present time, when personal hygiene is being emphasized in public health education, has been slow. It is being realized more and more that life can be prolonged and disease prevented by proper care of our bodies. Proper food and drink, and exercise, the right amount of sleep, plenty of fresh air and sunshine in a large measure are conducive to health.

Since about 1880 the average age of expectancy has increased from forty years to fifty-six years. This has been due largely to better living conditions and the prevention of typhoid, small-pox, cholera, malaria, yellow fever, measles, scarlet fever, diphtheria and other diseases. In spite of this many people are dying, not only from these diseases but from others which are largely preventable. Bright's disease, diseases of the heart and blood vessels, diabetes and cancer can be prevented by proper living, or their ravages checked if they are discovered early.

Periodic physical examinations made by competent physicians will help in a great measure to accomplish this. It is a question of "eternal vigilance" by the individual, assisted by all agencies interested in the welfare of mankind, and by well-directed efforts of society as a whole. The individual must be made to realize that health is the paramount issue in life, and that success or defeat is largely dependent on health.

Governor Morrison, of North Carolina, said: "Good roads are very important, and I hope to see ours the finest system of highways to be found in the republic; but good roads are not of any account to sick or dead folks. It is much more important to have a healthier population."

In recent years the fact that so many infants die has led to the

study of infant mortality. This study has revealed that this high mortality is due to diseases and conditions which are largely preventable, to lack of prenatal care and instruction, to lack of proper care at childbirth, and ignorance as to the proper care and feeding of baby after birth. Little effort is made by mothers to place themselves under a physician's care during pregnancy. Expectant mothers should be taught the dangers that may exist and should be encouraged to seek proper information during pregnancy, so that there will be less miscarriages and stillborn infants, and that the living will be more healthy. In the year 1921, in Maine, 791 infants died during the first month of life and 1,576 during the first year. In 1922, 774 died during the first month and 1,529 during the first year. This is in addition to the stillbirths.

The pre-school age is a much-neglected period of the child's life. During this period many of the defects which are detrimental to the physical and mental growth in later years begin. Children should be carefully attended during this period and all defects corrected, so that when they enter school they will not be handicapped in their school work. Much money is wasted and many children are deprived of proper education because of defects which can be remedied during the pre-education, because of defects which can be remedied during the pre-school age.

We urge all physicians to assist the State Department of Health and other health agencies in a program of education, so that our infant mortality may be reduced and our children be better able to take advantage of the educational facilities of the state.

As vital statistics are the basis on which all public health work is established, it is necessary that all births be reported promptly, so that the infant mortality may be correctly determined; that all communicable diseases be reported, so as to prevent the spread of these diseases and prevent defects and deformities which may be the results of disease. It is only by these reports that we can tell that the money which is appropriated and spent for public health work is bringing results desired.

ANNUAL HEALTH EDUCATION CONFERENCE.

At the invitation of the Massachusetts Institute of Technology, a working conference in Health Education is to be held June 23 to 28, at Cambridge, Mass. The conference called by the Health Education Division of the American Child Health Association will be limited to one hundred. Registration must be made in advance. Address Emma Dolfinger, 370 Seventh Avenue, New York City.

DIVISION OF SOCIAL HYGIENE.

By GEORGE H. COOMBS, Division Director,
Acting Assistant Surgeon, U. S. P. H. S.

The Social Hygiene Division of the State Department of Health is once more seeking to bring before the physicians of Maine the advantage for them in close co-operation with the State Department of Health.

First: With relation to the use of improved methods in the diagnosis and treatment of gonorrhœa and syphilis.

Second: By informing them of literature upon these subjects furnished by the United States Public Health Service.

Third: Furnishing to physicians having indigent patients whose care is a financial burden to the physician various preparations of the arsphenamine group for their treatment, stipulating only that such treatment shall be carried past the danger of contagion and give the patient the full benefit of treatment, that the occurrence of sequellæ may be prevented.

The control of contagion, the lessening of disability and the prevention of sequellæ is of equal importance to such patients as in any other contagious disease. The late pathology of syphilis and gonorrhœa may be so widespread that one cannot consider the treatment of any obscure condition without positively effacing from the diagnostic picture the question of early infection from one or both of them.

They stand, as no other group of diseases stand, a distinct and ever-present challenge to the medical profession, and it is most gratifying to observe that in this state, at least, physicians are taking on a renewed interest in conquering them, not only from the viewpoint of immediate treatment but in the prevention and control of social conditions which cause their spread.

In this type of infection, as in all other types, the answer to the problem of the quack and medical cults is "better medicine."

More and more it is becoming evident that the family physician cannot avoid responsibility in these cases and leave it to the specialists. The length of time over which treatment must be continued, the distance which many patients live from the specialist, and the general interference with home conditions, emphasizes plainly the duty of the family physician.

The question of "probable cure" must be taken up by the family physician, lest the subsidence of symptoms may lead to early marriage and resumption of family life before the person has really

recovered and a long train of miseries shall follow the innocent victims of improper advice. To the family physician is given the advantage of carrying out by the aid of the state laboratory all the tests the laboratory affords for the protection of the patient, his relatives and the public.

To whom else shall the boys or girls of the family go for advice but to him who has guided them through the various ills of childhood and early youth.

Physicians cannot fairly close their eyes to the existence of these diseases and say "I do not treat them," for duty to his community and to that 60 per cent. of the innocent victims of these diseases demand that he shall equip himself in every way to help control the situation, so that, by early diagnosis and prompt treatment, sequellae may be prevented and the toll of innocent victims lessened, while the community is protected from the enormous human and economic waste that follow in their wake.

The control of contagion and early treatment is of greatest importance and will have a marked effect upon the incidence of this type of disease. But final results must depend upon the effectiveness of the educational program, which seeks to reach the old and young in breaking down the mass of prejudice and misinformation, the barriers of the double code of morals, the protection afforded by "professional secrecy" and the objections to a cleanly presentation to the problem of sex education. Those who are doing the work in this division seek to enlist the aid of the physicians of Maine in this educational work, so that they, the rank and file of our health workers, may give to parents a better understanding of the need of early instructions in sex matters, instead of leaving this instruction to the unclean ideas of older companions and servants, obscene pictures, smutty stories and the careless conversation of the family fireside.

HOW MAINE "TEAMS-UP" FOR HEALTH.

By WALTER D. THURBER,

Executive Secretary Maine Public Health Association.

Back in 1921, when the Maine Public Health Association reorganized and became incorporated under the laws of Maine as "an educational institution," certain policies were established and definite programs were adopted. In that year, at our request, a committee from the Maine Medical Association was named to advise with us on medical questions which arise in our work from time to time.

That policy has consistently been followed by the M. P. H. A.,

and the idea has grown until now nearly every county medical society has named corresponding committees with which are taken up local health problems of a medical nature connected with the work of local health associations and committees affiliated with the Maine Public Health Association.

To our committee from the Maine Medical Association are referred such matters as the manuscript for our "Ten Book—or How to Keep Well" for consultation before the manuscript is sent to the printer. Advice on the medical accuracy of our moving picture films, our lectures and exhibits is also had from this committee before such health educational material is put to work in our campaign for health. The selection of clinicians or instructors for any clinic in which our organization is interested, as well as the general conduct of such clinics, is another instance of the many ways in which this committee serves the general public through the M. P. H. A. and its various sections.

In building our program of work—back in 1921—we called into conference not only representatives of the Maine Medical Association, but included as well representatives of the Associated Industries of Maine, the Maine State Grange, the American Legion, the State Parent-Teacher Association, the State Commissioner of Health, the State Commissioner of Education, the State Federation of Women's Clubs, the State Federation of Labor, the Maine State Nurses' Association, the State Dental Society, and other Maine leaders representing all walks of life, including editors, bankers, attorneys and others. We said to them that our work for health and happiness, including Sections on Cancer, Tuberculosis, Child Health, Conservation of Vision, Dental Hygiene, Social Hygiene, and Mental Hygiene, would be far more effective if they would help us set down the things to do that needed to be done and help us arrange the program so that the various items in it would be taken up in the best possible order. The service that was so cheerfully and so promptly given in response to this request is responsible for the degree of success which our association has attained during the past three years, and it is pointing the way for much greater accomplishment in the future. It was not perfunctory service that these Maine leaders gave and are still giving. Real constructive thought and personal service--without renumeration and often at great sacrifice--is given every month in the year by these Maine men and women in the development of our program of health work for all the people of Maine.

Included in our program, adopted in 1921, was listed a state-

wide campaign urging the importance of periodic health examination for all men, women and children. This campaign was not planned to be a "flash-in-the-pan" or a short, intensive effort, during which we would beat the tom toms for awhile and then forget about it. Our plan in 1921—and the plan was immediately put into effect—was to remind the public in a quiet way, but at every opportunity, that to have themselves examined at least once a year by a competent physician was the surest way to extend their years of usefulness to themselves, to their family and to their community and state. We recognized at that time—and our belief remains unchanged—that the method of making these health examinations was and is a matter to be determined by the medical profession. In line with the close spirit of co-operation which exists between the Maine Public Health Association and the Maine Medical Association, committees of the Maine Medical Association have worked out and have adopted a set of examination blanks with which every Maine physician has been or will be supplied by his own organization.

Since Maine, through its own organizations, launched a movement for regular health examinations in 1921, the idea has been taken up in an organized way elsewhere. In 1922, the American Medical Association Council on Health and Public Instruction recommended that steps be taken to urge upon all persons the importance of periodic medical examination. In 1923, the National Health Council announced a national campaign for this purpose. In New York and in other states, since the beginning of 1924, similar movements on a state-wide basis have been launched.

There is a distinct difference between the Maine Public Health Association and the Maine State Department of Health. The State Department of Health has certain duties prescribed by state law and is given certain funds by the legislature to carry out its official duties. Oftentimes the department has difficulty in obtaining funds with which to do the work it is charged with doing under the statute. The Maine Public Health Association, purely a volunteer organization, supported by subscriptions and contributions, frequently supplements the work of the State Department of Health and is enabled to undertake new and needed health activities without waiting for a legislature to appropriate funds for the purpose. Since we are a volunteer organization closely aligned with many state-wide Maine organizations—all definitely interested in our work—we are in a position to use the services of thousands of our volunteer co-workers in our big program. These co-workers give their services without any financial remuneration.

There should be a cordial working arrangement between the volunteer and the official health agency and this exists in Maine. An example of this as related to the Maine Department of Health and the Maine Public Health Association is found in the establishment of the Division of Public Health Nursing in the department. The department desired such a division, but for many months it found it necessary to await official action. The Maine Public Health Association filled in the gap by appropriating \$1,800 of its funds to help the department get its division under way. Other service, involving the expenditure of lesser sums of money, has been given for the past two years and is still being given in a thoroughly competent and satisfactory manner. Through frequent conferences between the Maine Public Health Association and representatives of the State Department of Health all possibility of overlapping and duplication is avoided and an excellent spirit of team work prevails.

The same spirit of real co-operation also exists between the Maine Public Health Association and the State Department of Education. The phase of our child health program relating to the teaching of health habits to children through the daily "chores" of the Modern Health Crusade has been included by the department as part of the regular school work. Our association employs a field worker, who organizes the Crusade in the schools. We handle the supplies for the local school superintendents at cost. At the present time our local workers are co-operating with the department and local school officials in the taking of the 1924 school census.

The manufacturers, the women's clubs, the parent-teacher associations, the granges and other distinctive Maine groups are working members of our Board of Directors and on our various sections. They help us plan the work, they help us do the work and they help us finance the work. The Vice-President of the State Dental Society is chairman of our Section on Dental Hygiene, and leaders in the profession of dentistry are taking an active part in bringing the importance of clean and healthy teeth to the attention of all the people.

This is the way in which Maine "Teams-up" for health. The advice of all groups is sought for and received. The help of all groups in putting our program over in a practical way is given cheerfully and consistently. It is the sort of team work that wins. It is winning.

JOURNAL OF MAINE MEDICAL ASSOCIATION

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MAINE'S PRACTICAL METHODS.

Every state has at least one state-wide volunteer or lay organization engaged in some form of public health work. Many states have several such organizations, each taking up some health problem.

Without attempting to discuss here the obvious waste in having one state organization engaged in a cancer campaign, another pushing the tuberculosis work, still another engaged in a sort of child health movement, a fourth one developing the movement for dental hygiene, a fifth in promoting social hygiene, and so on—each organization with an office, a staff of workers, and of course a budget which calls for appeals to the public for financial support—it is evident that such a multiplicity of organizations unquestionably brings on confusion in the average mind as to what it is all about. The workers in the rival organizations find their trails crossing and re-crossing, there is overlapping, duplication and often friction.

Maine is especially fortunate in having for its volunteer or lay organization in health work such an association as The Maine Public Health Association, often referred to as "The M. P. H. A." Covering the broad field of public health with Sections on Cancer, Tuberculosis, Dental Hygiene, Child Health, Conservation of Vision, Social Hygiene, Mental Hygiene and Public Health Nursing, the Maine Public Health Association is setting the pace for the entire country with respect to the manner in which it is organized, as well as to the practical way in which it goes about its job and the excellent results it obtains with a small budget.

In no state has such widespread co-operation in health work been obtained as has been obtained in Maine through and by the Maine

Public Health Association. Every member of the Maine Medical Association will recall that at our state meeting in Bangor, in 1921, we named, at the request of the Maine Public Health Association, a committee to serve the M. P. H. A. as a medical advisory committee. This committee functions regularly. It passes upon the manuscript for "The Ten Book," issued by the M. P. H. A. It also passes upon the medical aspects of lectures, moving pictures, and other material used by the M. P. H. A. in its state-wide activities. Through the cordial relations which it maintains with the State Department of Health and the State Department of Education, the M. P. H. A. eliminates any possibility of duplicated effort or friction of any sort. The Associated Industries of Maine, the Maine Federation of Women's Clubs, the State Parent-Teacher Association, the State Dental Society, the granges, the organizations of all the leading groups in Maine work in close co-operation with the M. P. H. A.

This team work which the Maine Public Health Association has developed, the recognition given the organized medical profession in guidance of the medical policies of the organization, the close co-operation which exists between the M. P. H. A. and the state departments—particularly the State Departments of Health and Education—the cordial, active and earnest working partnership for "A Healthier Maine" which exists between the M. P. H. A. and the manufacturers, the labor leaders, the clubs, granges, dental societies and other organizations in the state, has no equal in health work in the United States.

1923 ACTIVITIES OF THE MAINE PUBLIC HEALTH ASSOCIATION.

Every Maine physician is interested in learning, from time to time, just what the Maine Public Health Association is doing. In no other state is there such cordial relationship between the volunteer health organization and the organized medical profession as exists in Maine. In no other state do we find the policies and activities of the volunteer or lay organization founded in such sound principles or conducted on so broad a scale with a minimum budget as we have in Maine through the Maine Public Health Association. The MAINE MEDICAL JOURNAL has been supplied with a sufficient number of copies of the 1923 report of the M. P. H. A. to supply each of our readers. Your copy of this report is enclosed with this number. We urge you to take time to study it. You will find in it much of interest, and we believe that in it you will find much of encourage-

ment through learning in some detail of the practical common-sense methods which the M. P. H. A. uses in all phases of its work.

LET BANGS TELL IT.

When the Maine Public Health Association outlined its program of work for the future—and this was done in 1921 in conference with representatives of the Maine Medical Association, the Associated Industries, the Women's Clubs, the State Department of Health, the State Department of Education and other leading Maine organizations—it included in the program a state-wide campaign for periodic health examinations for young and old. This campaign is now on in its preliminary phases. The organized medical profession in this state is earnestly co-operating.

Incidentally, since the M. P. H. A. inaugurated this movement along practical lines, similar movements have begun in other states. In 1922, a year after the plan was launched in Maine, the American Medical Association endorsed such a campaign on a national scale, and in 1923 the National Health Council proposed that all children and adults have a health examination by a competent physician at least once a year.

John Kendrick Bangs expresses the idea very well in the following verses :

"You know the model of your car;
You know just what its powers are.
You treat it with a deal of care,
Nor tax it with more than it can bear.
But as to self—that's different.
Your mechanism may be bent,
Your carburetor gone to grass,
Your engine just a rusty mass.

"Your wheels may wobble, and your cogs
Be handed over to the dogs;
And you skip and skid and slide
Without a thought of things inside.
What fools, indeed, we mortals are,
To lavish care upon a car
With ne'er a bit of time to see
About our own machinery!"

Notices.

EXAMINATION BLANKS.

Periodic health examination blanks can be obtained from the office of the Secretary, 265 Hammond Street, Bangor, Me., at the following rates: Twenty-five copies or less at two cents a copy; over that number at one dollar per hundred.

NATIONAL BOARD OF MEDICAL EXAMINERS.

PHILADELPHIA, PA., April 9, 1924.

DR. FRANK V. GILBERT,
Editor Journal Maine Medical Association,
Portland, Maine.

Dear Sir:—Will you kindly publish in your JOURNAL the following information concerning examinations by the National Board of Medical Examiners.

Part I, June 19th, 20th, 21st, 1924.

Part II, June 20th, 21st, 1924.

All applications for these examinations must be made on or before May 15th, 1924.

Further information may be obtained from the Secretary, Dr. J. S. Rodman, 1310 Medical Arts Building, Philadelphia, Pa.

Very truly yours,

J. S. RODMAN,
Secretary.

*THE SAMUEL D. GROSS PRIZE—FIFTEEN HUNDRED DOLLARS.

The conditions annexed by the testator are that the prize "shall be awarded every five years to the writer of the best original essay, not exceeding one hundred and fifty printed pages, octavo, in length, illustrative of some subject in surgical pathology or surgical practice, founded upon original investigations, the candidates for the prize to be American citizens."

It is expressly stipulated that the competitor who receives the prize shall publish his essay in book form, and that he shall deposit

one copy of the work in the Samuel D. Gross Library of the Philadelphia Academy of Surgery, and that on the title page it shall be stated that to the essay was awarded the Samuel D. Gross prize of the Philadelphia Academy of Surgery.

The essays, which must be written by a single author in the English language, should be sent to the "Trustees of the Samuel D. Gross Prize of the Philadelphia Academy of Surgery, care of the College of Physicians, 19 S. 22d St., Philadelphia," on or before January 1, 1925.

Each essay must be typewritten, distinguished by a motto, and accompanied by a sealed envelope bearing the same motto, containing the name and address of the writer. No envelope will be opened except that which accompanies the successful essay.

The committee will return the unsuccessful essays if reclaimed by their respective writers, or their agents, within one year.

The committee reserves the right to make no award if the essays submitted are not considered worthy of the prize.

WILLIAM J. TAYLOR, M. D.,
JOHN H. JOPSON, M. D.,
EDWARD B. HODGE, M. D.,
Trustees.

Philadelphia, Pa., March 15, 1924.

*Essays will be received in competition for the prize until January 1, 1925.

PROGRAM OF MEETING OF THE MAINE MEDICAL ASSOCIATION, JUNE 25, 26, 27, AT PORTLAND.

All meetings at the Congress Square Hotel.

WEDNESDAY, JUNE 25TH.

7.30 P. M. House of Delegates Meeting.

THURSDAY, JUNE 26TH.

9.30 A. M. Prayer, Bishop Brewster.

Papers:

1. Dr. C. E. Richardson, Skowhegan, subject to be announced.
2. Dr. Earl S. Hall, Westbrook, "Schick Test."
3. Dr. Earl S. Merrill, Bangor, "An Appeal for Closer Co-operation between the General Practitioner, General Surgeon and Urologist."
4. Dr. Knowlton, Ellsworth, subject to be announced.

5. Dr. Harold S. Pratt, Livermore Falls, "Intussusception in Children."
- 12.00 M. Recess.
- 1.30 P. M. President's Address.
Visiting Delegates.
Dr. Howard Fox, New York City, "Modern Treatment of Skin Diseases," illustrated by stereopticon views.
Skin Clinic.
- 7.00 P. M. Banquet at Congress Square.
Dr. Pusey, Philadelphia, President of the A. M. A., speaker.
(Reception before the meeting.)

FRIDAY, JUNE 27TH.

- 9.30 A. M. Papers:
1. Dr. Harry S. Emery, Portland, "Insulin."
2. Dr. E. G. Abbott, Portland, subject to be announced.
3. Dr. Walter M. Spear, Rockland, "Surgical Viewpoint of Cesarean Section."
4. Dr. Hamilton, Boston, "Heart Disease Complicating Pregnancy."
- 12.00 M. Recess.
- 1.30 P. M. Dr. E. D. Merrill, President Maine Public Health Association.
Dr. Haven Emerson, New York, "Periodic Health Examination."
Report of House of Delegates.
Election of President.
Clinic with Buffet Supper at the Maine General Hospital.

Book Reviews.

International Clinics.

Vol. III, Series 33, 1923, J. B. Lippincott.

We have received this neat volume, with some twenty-four titles, covering the questions of "Diagnosis and Treatment," "Morbid Psychology," "Pediatrics," "Medico-Legal Medicine and Surgery," and "Hanging." Appended also are valuable drawings. As space prevents us from annotating every paper in the long table of contents, we call special attention to the "Therapy of Allergic Diseases," by Van Leeuwen, and "Practical Hints on Common Diseases of the Eye, Ear, Nose and Throat," by Thompson. In this paper we are surprised to read of the use of a five per cent silver nitrate solution in acute conjunctivitis. Van Harlingen's excellent paper on "Falling out of the Hair" contains many keen suggestions for a troublesome affection, whilst Duncan Bulkley's powerful paper on "Cancer Never a Local Disease" will find many readers and believers. If cancer is not a blood disease, how can it occur where nothing can touch you? The three papers on "Morbid Psychology" have features of interest of today, when psychoanalysis dominates the world of medical research. The six chapters on "Pediatrics" include such topics as pyloric stenosis, intestinal infantilism, icterus and tumors. The very good papers by Fernando and Salox, under the very bad title of "Some Interesting Cases," contains essays on "Intestinal Tuberculous Ulcerations," "Paroxysmal Tachycardia," "Paraplegia from Splenic Neoplasms," and "Addison's disease." The surgical section contains papers on "Renal Tuberculosis" and Recognition of Surgical Diseases in the Urinary Organs of Children." The volume ends with an extraordinary paper by Cattell on "Hanging," with a frontispiece by no means to be overlooked in the opening of the volume, together with unusual accounts of hanging by law, by lynching, in homicide, by accident, by suicide and alleged hangings of soldiers during the war in France. This paper makes a fitting conclusion to a volume of great practical value to the profession.

J. A. S.

NEW AND NON-OFFICIAL REMEDIES.

The following articles have been accepted by the Council on Pharmacy and Chemistry for inclusion in New and Non-official Remedies:

Parke, Davis and Co.:

Apothesine:

Apothesine Solution.

Apothesine Hypodermic Tablets, 0.08 gm. ($1\frac{1}{4}$ gr.)

Apothesine and Adrenalin Hypodermic Tablets.

Apothesine and Adrenalin Hypodermic Tablets (R "B").

Apothesine and Adrenalin Hypodermic Tablets Cylindrical (for pressure anesthesia).

Apothesine Ointment.

Pituitrin "S" (Surgical).

E. R. Squibb & Sons:

Cod Liver Oil—Squibb.

United States Standard Products Co.:

Acne Vaccine.

Gonococcus Vaccine.

Pertussis (whooping cough) Vaccine.

Staphylococcus Combined Vaccine.

Streptococcus Vaccine.

Typhoid Vaccine.

Typhoid Paratyphoid Vaccine Combined.

Acne Vaccine Combined.

Normal Horse Serum.

Diphtheria Antitoxin, Refined and Concentrated.

Diphtheria Toxin—Antitoxin Mixture (0.1 L+).

Diphtheria Toxin for Schick Test and Control.

Tetanus Antitoxin.

THE JOURNAL OF THE Maine Medical Association.

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All papers, case reports, etc., should be typewritten when possible.

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Communicate with the printer early regarding reprints, as the best rates can be had during time that the paper is on the press for the Journal.

The Journal assumes no responsibility for opinions expressed by the authors.

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MAY, 1924.

No. 10

*SODIUM THIOSULPHATE IN ARSPHENAMINE SENSITIZATION.

BENJ. B. FOSTER, M. D., Portland, Me.

By the use of sodium thiosulphate, according to the suggestions of Revaut, we have been able to cut short the duration of a series of cases of arsphenamine dermatitis at the V. D. Clinic at the Maine Eye and Ear Infirmary, shortening the skin and other manifestations from the usual twelve weeks or more to one week or less. Sodium thiosulphate or hyposulphite of soda occurs in large, transparent, colorless plates which effloresce when exposed to air, is slightly alkaline in reaction and is soluble in about equal parts of water, but insoluble in alcohol. It is used externally as a parasiticide in a 5 to 10 per cent. solution; prescribed internally in dose of from 10 to 30 grains every four hours. At the clinic we have used chemically pure reagent quality sodium thiosulphate and also a convenient and reliable 10 c. c. ampoule of 10 per cent. solution, supplied by the New York Intravenous Laboratory. There has been no untoward reaction from the injection or ingestion of the drug.

Knowing that the general practitioner, whose treatment for syphilis is frequently guided by the recommendations of the manufacturer of the product employed, will not always recognize the arsphenamine danger signals, we cite the following instances. The first two illustrate the course of arsphenamine dermatitis under classical treatment. Three, four and five show the almost miraculous improvement since we have been using sodium thiosulphate.

*From the V. D. CLINIC, Maine Eye and Ear Infirmary.



CASE II.



CASE II.

CASE I.—Mr. C., aged 48, referred to our clinic from the Out-Patient Clinic, Children's Hospital. Diagnosis, Charcot's joint. Infected fifteen years ago. Previous treatment was begun on appearance of secondaries, consisting of inunction and internal medication for six months. History of addiction to alcohol. General health good until two years ago, when he noticed that he was unsteady when on a stepladder at his work. Weight 250; mouth negative; chest, second aortic accentuated; abdomen pendulous, very fat; glands not felt; Argyll Robertson pupil; knee jerks absent; Rhomberg positive; blood pressure 200-100; hemoglobin 70 per cent.; urine, albumin trace; blood, Wassermann positive +++. This patient received Neoarsphenamine at weekly intervals, 0.6, 0.6, 0.6, 0.9 gram. Spinal puncture for examination after the last injection. A few days following the last injection he developed an intense arsphenamine dermatitis, with burning and itching, and two weeks later was admitted as a house patient. At this time the skin over practically the entire body was oozing serum and covered with scales. Multiple boils appeared, some of which became extensive. The blood picture at this time showed poly. 58.5; lymph 20.5; trans. 2.5; eosin 18; bas. 0.5; blood sugar 0.1 per cent.; urine, sp. 1020, albumin trace; blood, Wassermann negative.

The treatment for the arsphenamine reaction consisted only of the customary purin free diet and elimination with castor oil; alkalization by means of much water and soda bicarbonate; the intravenous injection of sodium iodid from 60 to 120 grams every second or third day; wet dressing of boric acid and aluminum acetate to the infection and boric ointment to the dry scaling skin. Under this treatment the patient took ten weeks in slowly recovering. He acquired a red tag on his chart, as a warning against further administration of arsenic.

CASE II.—The following case is much the same. Miss M., aged 38, weight over 250, referred from the Eye Clinic in 1918. Diagnosis, optic atrophy. No history of infection, but had had a course of treatment in 1913 and 1914 with mercury cyanide intravenously, destroying most of her veins. She received several courses of hg. sal. intramuscularly in the clinic in 1918, inunction and potassium iodide in 1919, six intravenous injections of Neoarsphenamine, 0.6 to 0.9, in 1922, and in 1923 three intramuscular injections of Sulpharsphenamine 0.6, following which she developed skin lesions of arms, chest and back simulating psoriasis. As she lived out of town, the course and treatment were not closely followed. She was restricted to a purin free diet and received two drams of sodium phosphate

before each meal for the three and one-half months required for the clearing up of her skin manifestations.

I am of the opinion, had we used sodium thiosulphate in the treatment of these and several other cases, that their incapacitation would have been much shortened, as the following cases show.

CASE III.—Mrs. W., aged 32, referred to the clinic with diagnosis of tertiary syphilis. Blood, Wassermann positive +++; hemoglobin 55 per cent.; urine, albumin ++, no casts. This case was especially interesting, as it suggested that susceptibility to protein poisoning may be coincident to the susceptibility to arsenic. At the examination she showed edema of the face, lips and eyelids. Several small ulcers in the mouth suggested Vincent's angina, but were negative to laboratory findings. One wrist joint was red and swollen, temperature 99, and general prostration. While lues has been reported as a cause of edema of the face, this patient gave a history of having eaten shellfish a few days before, and it seemed probable that the foregoing symptoms indicated a protein poisoning. Consequently she was entered as a house patient, and the usual restricted diet and elimination prescribed. In one week the edema had entirely disappeared. She was discharged from the house and entered in the clinic for treatment, receiving at weekly intervals Neoarsphenamine 0.6, three times. On her fourth visit to the clinic she complained of slight itching on her arms and received Neoarsphenamine 0.1. The following week, not showing any contraindication, she received Sulpharsphenamine 0.4 intravenously, which was followed in a few days by an arsphenamine dermatitis and recurrence of edema of face and eyelids. The following clinic day, which was a week later, she was entered as a house patient, at which time her skin in general was itching and burning, oozing serum and exfoliating, making it difficult to find veins for the injection of sodium thiosulphate. On six successive days she received intravenously sodium thiosulphate 0.6, 0.6, 0.9, 0.9, 0.5, 0.5, and was discharged the seventh day with the skin practically normal and no edema of face. This patient's chart has received a red tag, and her treatment from now on will exclude arsenic.

CASE IV.—Mr. M., aged 34. Diagnosis, cerebral syphilis. Entered clinic in July, 1922, and after that time received sixty-two injections of Arsphenamine, Neoarsphenamine and Sulpharsphenamine, eight intraspinal injections, numerous injections of sodium iodid, 120 grams, intravenously, a course of potassium tartrate of bismuth amounting to 2.4 grams, following which he received at weekly intervals four injections of Sulpharsphenamine 0.6. Follow-

ing the last injection he developed persistent vomiting and complained of severe pain in the epigastrium. Consecutive daily injections of sodium thiosulphate, 0.5 gram, were given for four days, at the end of which time all symptoms disappeared.

CASE V.—R. F., aged 17. Following second injection of Neoarsphenamine 0.6, developed nausea and vomiting, rubeliform rash on arms and trunk, temperature 99, general malaise. As this condition persisted for three days, one injection of 0.9 gram sodium thiosulphate was given. The following day the skin rash and all symptoms had disappeared.

We do not wish to register undue enthusiasm nor the idea that this drug will necessarily in every case combat successfully arsphenamine dermatitis. Our experience leads to the belief that if used early it will in a majority of cases greatly shorten the duration of these unfortunate reactions. To get the best results requires early recognition of the arsphenamine danger signals. The most evident of these are itching of the skin, slight dermatitis on arms, hands or elsewhere, vomiting, diarrhea, complaint of epigastric uneasiness, lassitude, and general depression.

The tolerance of each patient to arsenic is variable, and during their courses of treatment some undetermined factor may suddenly lower this tolerance and serious complications ensue.

Although we have had no experience in using this drug in the treatment of bi-chlorid poisoning, it may be of interest to add that sodium thiosulphate combines with many of the metallic poisons forming an inert substance, but let it also be understood that we do not suggest that it will repair damage to tissues. We can but suggest that a chemically pure, sterile 10 per cent. solution of sodium thiosulphate may be used intravenously in dose of 0.5 up to 20 grams daily, that the dose internally to neutralize the stomach contents may be up to one-half ounce, well diluted, and followed by a daily dose of thirty grain every four hours.

The observations in these cases were followed by my colleague, Dr. Mortimer Warren, whose experience in serological reactions has been of the greatest value. The clinical laboratory findings were furnished by the clinic nurse and laboratory assistants.

*A CASE OF ACUTE LEUKEMIA.

By SAMUEL H. KAGAN, M. D., Augusta, Maine.

In the reporting of this case I have not gone into the subject as such.

Leukemia is a disease of the blood and blood-making organs, which is characterized by a marked and persistent increase in the number of leucocytes and associated with lesions in the spleen, bone marrow and lymphatic glands, together or separately.

While in my student days we were taught to classify leukemia as myelogenous or lymphatic, more recent study and research has shown that many cases do not come under the older strict classification, and as a result of different identifications of certain predominating cells, and the fact that the cases are clinically quite distinct from the chronic types of the disease, many cases are now diagnosed by leading hematologists as "acute leukemia," and such cases run an acute, virulent course, unaffected by any treatment.

The following case was admitted to my service at the Augusta General Hospital, February 22, 1923. The history was obtained in instalments, because of the condition of the patient.

A male, aged 26, married, white, born in Maine, occupation shoe shop.

Family History.—Mother died of consumption; father living and well; one sister died of consumption and another of influenza; one brother died at two years and another died of influenza. Has one son, one year old; wife now eight and one-half months' pregnant.

Past History.—Had all the children's diseases; "slow fever" twelve years ago. During service overseas was gassed (mustard) in France, Sept. 27, 1918; not wounded; sent to hospital, then had diphtheria and mumps.

Present Illness.—First noticed pain a year ago while working in shoeshop—a catch under left side—and then began to get weak. Doctors first thought it to be his lungs, but sputum was negative. Then noticed that he could only work a week at a time. Later, doctor said that it was "enlargement of the spleen." Five weeks ago began to have hemorrhages from the mouth and nose. No cough or vomiting; bowels regulated. Marked shortness of breath—has to sit up—marked weakness.

On Admission.—Patient appeared moribound—extreme yellowish pallor—sitting up over edge of bed, leaning on back of chair gasping for breath. Blood about nostrils, teeth and lips. Face, slight puffiness

* Read before the Kennebec County Medical Association, April 8, 1924.

about the eyes, ecchymosis in sclera to the outer side of cornea of left eye. No general glandular enlargement. Heart, no definite enlargement, action rapid, and a blowing systolic murmur, loudest over the base, but heard all over the precordium. Lungs, good resonance, a few fine crackles in both bases. Abdomen, soft, lax, dullness over a rounded area from left costal border to median line to just below level of umbilicus. Also dullness one hand's breath below right costal border. Smooth masses felt under dull areas, probably liver on the right and spleen on the left. Extremities, negative.

Treatment.—Hemoplastin, one ampoule hypo.; calcium lactate, gr. x tid; Fowler's solution, M v tid, increase by M. i daily; Diet, soft solids and extras.

At this time I did not attempt to learn what his blood condition was, for he really was in too poor a condition to do anything to. I was informed that he had been sent in as a case of pernicious anemia.

The next day he was very restless, and was given codein sulphate, $\frac{1}{4}$ gr. doses.

February 24th, the next day, he had a severe hemorrhage at 8.30, and again at 10.00 A. M., and more Hemoplastin was given. He was seen by Dr. Turner, who advised an Adrenalin spray for the nose and throat for the oozing. This day I examined his blood with the following findings: Hemoglobin, Tallquist, 35; reds, 776,000; whites, 44,000, while the blood smear showed leukemia of the lymphatic type cells in the majority, with the almost complete absence of platelets. The differential count was very unsatisfactory because of the difficulty of classifying many of the cells, but the lymphocytes made up the large bulk, about 95 to 98 per cent., with 1.6 per cent. neutrophiles, and the remainder consisting of myelocytes and one eosinophile. Several nucleated reds were seen. One peculiarity was noticeable—a protrusion, and in many cells two projections, like those short pseudopodia of amebæ.

February 26th.—Had slight epistaxis, controlled by Adrenalin spray.

March 2nd.—No bleeding since last note. Patient much improved in every way. Complains of neuralgia of the teeth of the right side upper and lower jaws, and there is some puffiness of the face and eyelids, and especially the right cheek. Teeth, especially the molars on the right side, are carious. Fowler's solution reduced, because of uncertainty of facial condition being due to teeth or arsenic.

March 7th.—More comfortable. Has not had any hemorrhage for a week, and general condition is improved. Puffiness of face is diminished—was due to alveolar abscess. To go on larger doses of Fowler's.

Blood count shows improvement. Having X-ray exposures of spleen, and to also have exposure of long bones.

March 17th.—Patient much improved; color better, gaining strength, no further hemorrhages. Getting Deschien's Syrup of Hemoglobin ($\frac{1}{2}$ oz.) after noon and evening meals, and X-ray exposures of spleen, front and back, and both knees. Blood count two days ago: Hg., 45 reds, 1,176,000; whites, 26,000.

March 23rd.—Much improved. Thrashes about a good deal in bed; to try getting him up in chair.

March 24th.—Allowed up in chair two hours. Heart still shows soft systolic murmur over base, not transmitted—? hemic.

March 31st.—General condition has steadily improved, color improving, slowly gaining strength. Seats up daily in chair for two hours. X-ray treatments stopped, on advice of Dr. Hall, because of danger of overdose. To continue ultra-violet ray treatment, which is supposed to help the skin, and prevent burning, perhaps. Now back on Syrup of Hemoglobin—hospital has been out of it, awaiting new shipment. Blood examined two days shows hemoglobin increased to about 65; reds, 1,368,000; whites about 30,000.

April 3rd.—Comfortable. Up in chair in clothes two hours daily. Appears to be putting on weight. Question as to allowing patient to go home, as he is getting on so well, but would have to travel back and forth for X-ray treatments.

April 6th.—Patient states that for the past two days he has not felt very well—just sort of tired. Has had a slight elevation in temperature the past two days, which is down to 98.8 this A. M. To avoid the nuts, sweets, etc., his many friends bring in; to have his fruit. Blood smears taken. Allow out on porch when warm. Blood picture: Hg., 45; reds, 1,200,000; whites, 59,00. Platelets diminished from last smear. This is a retrogression.

April 10th.—Has not been feeling well since last note. Yesterday morning had some bleeding from the gums, temperature and pulse elevated. Complains of sore throat, which shows blood blisters on right anterior pillar and also the uvula. To have X-ray treatments again. Irrigate throat with 25 per cent. vinegar solution. Today feels better; throat not sore. Hg., 45 reds, 1,194,000; whites, 168,000. Given Hemoplastin.

April 13th.—Much better yesterday and today. No pain; appetite better. Blood count and smears: Hg., 45; reds, 1,146,000; whites, 113,000.

April 14th.—At 5.30 this morning, while washing, had bleeding from the nose, running down throat. Nose packed by night nurse. At

an extent that we almost sent him home. Only the feeling that, after getting home, his period of improvement might come to its expected end, and that he would come back to the hospital, and so cause great time of visit, 11.00 A. M., bleeding had ceased. Purpuric spots on soft palate, uvula and anterior pillars. Repeat Hemoplastin and irrigations.

April 16th.—No bleeding since last note. General condition not much changed. Spots on soft palate clearing. Complains of some sore throat; nothing especial found. To discontinue ultra-violet treatments, but to continue X-ray.

April 17th.—Has been bleeding again, but better at time of visit. Blood clot in the right nostril, not disturbed. Not taking much nourishment and feels weak.

April 18.—Had considerable oozing yesterday afternoon. Right nostril packed, after irrigating. Left nostril has a large clot, but bleeding has stopped. Not to disturb nose today. Feeling quite nervous and restless. Codein does not affect patient; to have morphia instead. Vomited at intervals, especially after taking food. Pulse weak and rapid—120.

April 19th.—Condition failing. Apparently not bleeding. Face slightly puffy about nose and mouth. Pack and clots, which filled both entire nasal cavities, removed; odor somewhat foul. Felt more comfortable after removal of clots. Does not retain much by stomach—vomiting continues. Very restless; some air hunger.

April 20th.—Has had a little oozing during the night. Vomited "coffee ground" material. In coma at time of visit; blood clot in nostrils. Blood count about the same as on admission: Hg., 45; reds, 760,000; whites, 54,000. Died at 12.30 P. M.

BLOOD COUNTS.

Date.	Hemoglobin.	Reds.	Whites.
Feb. 24	35	776,000	44,000
March 6	45	915,000	26,000
March 15	45	1,176,000	26,000
March 21	45	1,120,000	27,600
March 29	65	1,368,000	30,000
April 3	45	1,200,000	59,000
April 10	45	1,104,000	168,000
April 13	45	1,146,000	113,000
April 20	45	760,000	54,400

The interesting things in this case are the unusual remission and improvement, and the blood picture. The blood counts, which had improved with the improvement of the patient, reverted with the change in the patient's condition, so that in the end the picture was practically that as on admission. The period of remission lasted from February 26th to April 9th, during which interval the patient had improved to such

discouragement to the patient and his family, decided us in not sending him home. The blood picture was an interesting one of acute leukemia, showing well the primitive form of cell. The absence of platelets, associated with the bleeding and purpuric condition in the throat, added to the picture. It was very noticeable that as the patient improved and his bleeding stopped, that the blood showed an increase in the number of platelets, and that with the diminution of platelets attacks of bleeding could be practically foretold, and usually came on in two to three days.

The etiology of the disease is still unknown.

As to treatment: In the beginning it seemed that his treatment only could account for the remarkable change and improvement from the extreme condition on admission, but when the relapse came nothing availed, and so the value of the treatment given during the remission becomes questionable.

Early in my care of the case I sent some smears, with a brief history, to Dr. R. C. Larrabee, of Boston, who is in charge of the blood service of the Boston City Hospital, asking my former teacher for the latest information on this unusual condition, especially as to treatment, and I can do no better, in closing, than quote from his interesting letters, as you will obtain a better understanding of this case than from my description.

"The predominating cell is mononuclear, the nucleus usually containing one or more nucleoli. The cells vary in size from that of normal lymphocytes to larger than any normal cell. The protoplasm in many cells tends to protrude on one side (a condition I have never noticed before). For the most part they contain no granules, but some show faint granulation, and there are a very few typical neutrophilic myelocytes. There are many degenerated cells or "ghosts," some nucleated reds of various sizes, platelets almost absent. The specimen of March 21st shows a much less marked leukocytosis. The predominating type of cell, nearly everyone agree, is characteristic of the more acute types of leukemia. I consider the case one of considerable importance. Your man probably bled because of the great reduction of platelets. In other words, a state resembling hemorrhagic purpura was mixed up with the leukemia, probably because of replacement aplasia of the marrow. Few such cases ever remit, and your patient is rather exceptional in this regard. I should not expect him to live long, and I am afraid that you are due to have a stormy time of it, as there is a good chance that his death may result from uncontrollable hemorrhages. If these ensue, I doubt if you will benefit him by transfusion. Most cases of leukemia, with hemorrhages, can be held by this means only for a few days, and sometimes only for a few hours. Acute leukemia still remains an absolutely hopeless condition. Before we can do anything with it, we must understand better the normal processes of cell division and their control."

In closing, I wish to acknowledge my appreciation for the interest and co-operation I received from Dr. R. C. Larrabee, of Boston, and Dr. H. W. Hall, of Augusta, in this case.

ANGIOMA CANERUOSUM TREATED WITH RADIUM.

By ROYCE B. JOSSELYN, M. D. Portland, Maine.

CASE 32—Referred October 18, 1923.

The case to be described was a male child, aged three months. A soft, reddish-purple tumor was present on the left lower lip. The mass was oblong and parallel with the lip, overlapping on the cheek and chin, and was present at birth.

Some scar tissue was present along the left border, resembling scar following caustic treatment. The parents said another physician had previously attempted to treat the baby for this abnormality.



CASE 32. ANGIOMA CANERUOSUM BEFORE RADIUM TREATMENT.

October 18, 1923.

Following a small dose of potassium bromide and paregoric, a very little ether was administered, and a ten (10) milligram radium needle was buried transversely in the tumor mass and left there for eight hours. Then a ten (10) milligram glazed radium plaque was placed on the outside of lip for four hours. The radium needle was unscreened, and the radium plaque was screened with 1.2 millimeters of brass and one millimeter of rubber dam.

November 8, 1923.

Radium plaque [ten (ten) milligrams], screened only with 1 milli-

meter of rubber tissue, was placed on the outside of lip for one-half hour.

November 21, 1923.

Radium plaque (ten milligrams) screened with 1 millimeter of rubber tissue was placed inside the lip for one hour.

The accompanying photograph of the cured case was taken Jan. 15, 1924. The angioma was entirely gone and good cosmetic results were obtained.



CASE 32. AFTER RADIUM TREATMENT.

By radiating from inside and outside the lip and in the center of the tumor, the full value of cross fire was obtained. This should always be done, when possible, in tissues of considerable thickness.

Radium therapy is the treatment of choice in these cases, and should supplant surgery in the treatment of angioma canernosum. Surgical excision in this case would have necessitated the loss of two-thirds of the lower lip and some of the neighboring cheek, and would have been very disfiguring for life.

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PERIODIC HEALTH EXAMINATION.

How many physicians really stop and seriously consider just what this means? If John Jones comes into your office and says, "Doc., I would like to have you go over me and see if I am O. K." What is the usual reply? It is apt to be, "Get to H-ll out of here, John! You are all right." And when you give him that generous bit of advice you honestly believe it, for you have known John for a number of years and are thoroughly familiar with his method of living and cannot see how he could be seriously ill. But Bill Jackson comes into your office a few minutes later, with rather advanced kidney lesion, or T. B., or malignant disease, etc., and you look him over and with equal honesty say to him: "Why in H-ll didn't you come to me sooner, when I could have been of some help to you?"

"Well, Doc., honest to God, can you tell what exists without a thorough overhauling?" and that means a careful check of all the various systems of the body, and both John and Bill are willing to pay for real service, but make it absolutely real and worth while to them. We are living in a more or less artificial atmosphere, and even though we know Bill and John intimately, we do not know all their habits of life, and perhaps the worse one is excessive eating with little or no exercise.

Suppose, when John came to your office, you said, "Sure, John, take off your clothes and let me examine you," and then make a complete and thorough examination. Do you think he would refuse to pay you for your time? No, if you could assure him every six months or a year that he was O. K., he would be glad to pay you \$5 or \$10

for the information, providing you did a complete check-up, whereas, on the other hand, if you found some disease in its infancy and guided him to the road to complete recovery, momentary consideration would not be of little consideration to him.

Now, Doc., why not sit down and seriously consider a careful systematic method of a physical examination and begin on all your cases. Advocate their coming to you regularly at stated intervals for a complete check-up and see how much more satisfactory the practice of medicine becomes.

MAINE MEDICAL ASSOCIATION MEETING.

Arrangements are now complete for the June meeting of the Maine Medical Association, to be held at the Congress Square Hotel, Portland, June 25-27, inclusive. The Program Committee has made a careful selection of both local and outside talent, and this year have introduced the clinic at the Maine General as an additional feature on the second day.

For the first time in the history of our association we will entertain the President of the American Medical Association, Dr. Wm. A. Pusey, of Chicago, at one of our annual sessions, and we may expect some messages of value to us, both in association work and from a medical standpoint.

It should be borne in mind that once a year the medical profession get together for a few discussions of affairs pertaining to their own line of work, and whereas the county association is by far the most active and valuable, the state association needs and expects the co-operation of all physicians who are progressive.

Let us plan our June holiday so as to spend a brief two days in Portland, where the Cumberland County Medical Association will endeavor to entertain, not only the visiting physicians, but the members of their family, not with the broad, generous spirit of Aroostook, but with the simple, cordial spirit of Cumberland County.

ADDISON SANFORD THAYER.**Portland, 1858-1923.**

The most extraordinary consultation case to which I ever was called, was that of a man with double exophthalmic goitre, a patient of Dr. Thayer's, some twenty years ago. In spite of medication then available, and in spite of an operation to permit the eyelids to cover the globes more effectually, the corneæ of both eyes sloughed to blindness, accompanied with persistent pain. Sight being impossible from any treatment then known, and pain being uncontrollable, one eye after



DR. THAYER.

the other was enucleated. The patient recovered from the physical condition in due season, and is still alive, and, despite blindness, has earned an excellent living and laid up money for advancing years. Such a case goes on record in any notice of the career of Dr. Thayer and some time it is to be hoped that a paper on such double enucleation will be published, for some forty are on record in the available literature of the word of ophthalmology.

Other interesting consultations must have been the share of our comrade, and it remains for physicians who took part in them to come forward with literary accounts whenever inclined.

Having already communicated a notice of Dr. Thayer to the *Boston Medical and Surgical Journal* of December 15, 1923, and to the transactions of the Cumberland County Medical Society, those interested are

referred to the papers mentioned.—The JOURNAL adds these facts, not generally known in Maine.

Dr. Thayer wrote many original papers, as printed in the Transactions of this Association, and later on in the JOURNAL, including some on obstetrics, in which he was early interested, but later on ceased to admire it; others on alimentation and diet, whilst his brilliant defence of the Bowdoin Medical School against the Flexner assault will go down into the history of medicine in Maine as something well done. He was a writer of papers for the Lister Club, also, and for the Fraternity, treating of health topics for the benefit of the lay members of that association of Portland men in various studies in life. As President of the Association, he traveled all over the state, and, in visiting the county societies, he kept them up to the mark of individual and combined progress. He made a very excellent presiding officer at the annual meeting, and his address was replete with good suggestions and advice for the profession.

He was often appealed to as an expert in cases involving the mentality of persons accused of threats and crimes, and his opinions were considered as of value to the Bench and Bar alike.

As dean of the Bowdoin Medical School, he worked faithfully to keep its instruction at a high standard, and he deplored its apparent annihilation because full-time professors were not at once obtained and well paid. He saw, prophetically, that such schemes would not tend to the best form of education for the general practitioner, which is the clinical, and the clinical cannot be maintained by men who do not practice at the bedside of all classes of patients, at home, and in the hospitals alike. His speech at the centennial of the school was admirable.

The facts in Dr. Thayer's life are, that he was born in Medway, Mass., August 5, 1858, educated at Phillips-Exeter and Harvard, then taught in the Portland High School and studied medicine at the Bowdoin School, where he obtained his degree in 1886, and a second degree at the Harvard School in 1888, besides acting as interne at the Maine General Hospital. He early saw that pediatrics was an important specialty in medicine and was a pioneer in its practice. From that he branched off into consultations as an alienist and in general diseases, and was held in high esteem throughout Maine in those branches of medical science. He married Miss Ida Lawrence Greene, daughter of the famous surgeon, William Warren Greene, of Portland, and is survived by her. She was of great assistance to Dr. Thayer in his professional and literary labors and has our sympathy in her loss. Dr. Thayer suffered toward the last from heart disease, and died, without warning, in his sleep, December 14, 1923.—J. A. S.

**PROGRAM OF MEETING OF THE MAINE MEDICAL
ASSOCIATION, JUNE 25, 26, 27, AT PORTLAND.**

All meetings at the Congress Square Hotel.

WEDNESDAY, JUNE 25TH.

7.30 P. M. House of Delegates Meeting.

THURSDAY, JUNE 26TH.

9.30 A. M. Prayer, Bishop Brewster.

Papers :

1. Dr. C. E. Richardson, Skowhegan, "Intestinal Obstruction."
2. Dr. Earl S. Hall, Westbrook, "Schick Test."
3. Dr. Earl S. Merrill, Bangor, "An Appeal for Closer Co-operation between the General Practitioner, General Surgeon and Urologist."
4. Dr. Knowlton, Ellsworth, "Future of Country Practitioner."
5. Dr. Harold S. Pratt, Livermore Falls, "Intussusception in Children."

12.00 M. Recess.

1.30 P. M. President's Address.
Visiting Delegates.

Dr. Howard Fox, New York City, "Modern Treatment of Skin Diseases," illustrated by stereopticon views.

Skin Clinic.

7.00 P. M. Banquet at Congress Square Hotel.

Dr. Wm. A. Pusey, Chicago, President of the A. M. A.,
speaker.

(Reception before the meeting.)

FRIDAY, JUNE 27TH.

9.30 A. M. Papers.

1. Dr. Harry S. Emery, Portland, "Insulin."
2. Dr. E. G. Abbott, Portland, "Fracture of the Hip Joint."
3. Dr. Walter M. Spear, Rockland, "Surgical View-point of Cesarean Section."
4. Dr. Hamilton, Boston, "Heart Disease Complicating Pregnancy."

12.00 M. Recess.

1.30 P. M. Dr. E. D. Merrill, President Maine Public Health Association.

Dr. Haven Emerson, New York, "Periodic Health Examination."

Report of House of Delegates.

Election of President.

Clinic with Buffet Supper at the Maine General Hospital.

NEW AND NON-OFFICIAL REMEDIES.

The following have been accepted by the Council on Pharmacy and Chemistry for inclusion in New and Non-official Remedies:

Abbott Laboratories :

Procaine—Epinephrine Ampules, 1 cc. (Abbott).

Armour and Company:

Anterior Pituitary Tablets, 2 grains (Armour).

Pituitary Tablets, 2 grains (Armour).

Parathyroid Tablets, 1/10 grain (Armour).

Lehn and Fink :

Sagrotan.

Eli Lilly and Company :

Iletin (Insulin—Lilly), U-40.

A. Lumiere Laboratories :

Cryogenine.

Mallinckrodt Chemical Works :

Neoarsphenamine—Mallinckrodt, 0.15 gm. ampules.

Neoarsphenamine—Mallinckrodt, 0.3 gm. ampules.

Neoarsphenamine—Mallinckrodt, 0.45 gm. ampules.

Neoarsphenamine—Mallinckrodt, 0.6 gm. ampules.

Neoarsphenamine—Mallinckrodt, 0.75 gm. ampules.

Neoarsphenamine—Mallinckrodt, 0.9 gm. ampules.

Neoarsphenamine—Mallinckrodt, 1.5 gm. ampules.

Parke, Davis and Company :

Pituitrin "S" (Surgical):

Ampules Pituitrin "S" (Surgical), 1 cc.

Welty Company:

Deodorized Kerosene—Welty.

Wilson Laboratories :

Desiccated Parathyroid Substance—Wilson :

Tablets Desiccated Parathyroid Substance—Wilson, 1/20 grain.

Tablets Desiccated Parathyroid Substance—Wilson, 1/10 grain.

THE JOURNAL OF THE Maine Medical Association.

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The Journal assumes no responsibility for opinions expressed by the authors.

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JUNE, 1924.

No. 11

SECRETARY'S REPORT.

On account of press of other matters, in part connected with the Association, your Secretary has not been able to attend many of the meetings of the county societies this year. Washington, Hancock, Penobscot, the Medical Club at Bath, and the special meeting at Portland in honor of those who had been more than fifty years in practice, make up the list. Your President, however, has been very faithful in this duty and has visited all to which he has been invited, and in this way the State Association has been kept in touch.

The Secretary, as delegate, attended the meeting of the A. M. A. at San Francisco and served on the Health Reference Committee. The business meetings of the National House of Delegates take up the greater part of the delegate's time, and there is but little opportunity to attend the other meetings on the program.

In November he attended the general Secretaries' meeting in Chicago. At this meeting the greater majority of the state secretaries are present, together with the officers of the American Association. These conferences are of great value, as all the important problems connected with state association work are discussed, and an opportunity is given to find out in a personal way what the other state associations are doing. The necessary traveling expenses of the Secretaries to this meeting are paid by the A. M. A.

In March the Secretary was asked to read a paper before the Congress of Medical Education Licensure Public Health and Hospitals at Chicago. This could not easily be refused. The trip was well worth

the time and personal expense to be able to listen to such men as Abraham Flexner, Drs. Burton, Cushing, Wilbur, DeSchweinitz, Meeker, Manning, Edsall and others in their discussion on medical education. Also of special interest was the brief of Harry Eugene Kelly, Esq., on "Regulation by Law of the Occupation of Healing Diseases of Human Beings." This paper was a legal review of the whole subject, with the various court decisions, and I hope will soon be published so that it can be placed in the hands of every legislative committee for their use in legislative work. Many of the other papers have appeared already in the *Journal of the American Medical Association* and *Councilors' Bulletin*.

COUNTY SECRETARIES' MEETING.

Two meetings of the County Secretaries, with the officers of the Association, were held as usual, one at Bangor and the other at Portland. One of the chief subjects under discussion was "*Medical Legislation*." The result of the plan mapped out will be found in the report of the Committee of Legislation, published in this number for your consideration and that of the House of Delegates.

The second important topic was

PERIODIC HEALTH EXAMINATIONS.

Two years ago our Association, at its annual meeting, voted to co-operate with the other health agencies of the state in carrying out a campaign for periodic health examinations. Now the Committee of Public Relations has made out a plan of campaign which has the approval of the State Board of Health and the Maine Public Health Association, which is now being put into operation.

MAINE PROGRAM.

1. Among physicians (two objects). (a) Value and necessity of periodic health examinations. (b) Methods and technique of conducting them.

State Journal: Monthly articles and printing of blanks.

State Association: Speakers and general demonstrations at annual meetings.

County Societies: One meeting devoted to the subject led by a team of three or more, one from the State Department of Health, one from the State Public Health Association and one from the State Medical Association. Other speakers furnished on request.

Organization of county committees of public relations under the direction of the Committee of Public Relations of the State Association, these committees to have charge of the work of their counties in detail.

Co-operative health clinics by the three major associations with demonstrations.

General: Mailing to each physician in the state a personal letter with instructions and blanks by the State Medical Association; also a personal letter from the State Board of Health and the Maine Public Health Association.

2. Among citizens.

State Board of Health: Through its bulletins.

Through all its officers in the field and various departments, especially child welfare and nursing.

Maine Public Health Association: Through its publications.

Through affiliated societies.

Public press.

Public health nurses.

Various departments, such as the cancer division, emphasizing the necessity of general physical examinations to discover the special defects covered by these immediate fields.

A standard lecture prepared by the three groups, but issued in the name only of the State Department of Health and the Maine Public Health Associations, this lecture to be circulated and read before all lay organizations.

In so far as possible, your Secretary has carried out his part in the program. A personal letter has been sent to every member of the Association, together with examination blanks and a copy of instructions. Blanks have been published and, as announced in the JOURNAL, are ready for distribution at cost price.

At this annual meeting, Dr. Haven Emerson, of Columbia, an authority on the subject, will be one of the speakers.

One number of the JOURNAL has been devoted to health work in the state. Several of the county societies have already chosen their committees. Much remains to be done by the Committee of Public Relations in this campaign for education among physicians.

Several of the medical schools have recognized the importance of this work and are giving it special attention among their students. Some states are organizing clinics and doing postgraduate work in the county societies. The loss of our medical school places us at a great disadvantage for postgraduate work. This could be remedied to some extent by experienced speakers at county society meetings and actual demonstrations. This, with other health work, will give the physician to some extent the necessary social and psychological contact with the public which is so much needed at present to counteract the hold obtained by the various cults and charlatans whose services the public

demand. This is reflected in the action of our legislatives, who look askance at legislations proposed by the medical profession, but lend a ready ear to all other healers and cults.

This reaction of the public is partly due to the teachings of the medical student of the purely scientific part of medicine by men who have had no experience whatever in its actual practice. The actual layman may not be able to grasp the true scientific nature of his disease, but he does understand and appreciates when something is actually being done for his suffering, and if he is relieved does not care how unscientific the means.

PUBLIC HEALTH.

In the whole country there is a rapidly growing interest among the members of the profession in regard to matters pertaining to the public health. Our own Association has not been backward in this field. Its members have taken their proper places in their communities by co-operating with the other health agencies in organizing the work with a sane and scientific program.

As elsewhere a greater interest is being shown in the health and welfare of the whole community and in preventive medicine. The movement for better hospitals, better health for our school children, more care of expectant mothers and less mortality among infants, together with better working conditions for all classes, is well underway. This has been brought about by uniting all those interested in health work into a few well organized and co-operating groups. These work under a definite and well-thought-out program of sustained effort extending over a series of years. In these groups the physician has his important place. In many communities he is looked to as the natural leader, and his advice and help is always welcomed.

Our Cancer Committee has continued an active campaign and the good results are seen in a better understanding by the public of the necessity of guarding themselves against the disease by frequent medical examinations. A more active co-operation of physicians in this work is hoped for during the coming year.

MEDICAL DEFENSE.

This ends the third year of our medical defense, and in summing up the work accomplished during that period by your committee, it would seem to have been very successful. Twenty-four cases have been handled in the three years. Sixteen have been settled or dropped. Four have come to trial, of which three have been won with but one lost. Four are now pending, of which one may come to court.

During the last two years a majority of the members have taken

out indemnity insurance under the plan of the defense committee. This has been of great help to the Association, as will be seen by the Treasurer's report, in cutting down expenses. There are still too many members without insurance who should take advantage of the reduced rates, both for their own protection and that of the profession in general, which bears the expense of their neglect.

On the whole, our members have been loyal and have given freely of their time in assisting the committee in this work, and the tendency to blackmail the profession has been greatly reduced with fair treatment to all parties concerned.

IN GENERAL.

A special effort has been made this year to keep an accurate list of our membership. This would be very easy if all the County Secretaries would send in all their changes in membership as promptly as possible. An entirely new card catalog has been made out and all information asked for has been furnished. This has necessitated the employment of more clerical assistance. We are still far short of doing all the work that should be done. Much that is important for the interests of the profession can not be undertaken, and much of the work that has been outlined cannot be carried on successfully by volunteer work. More help must be given by the various chairmen of committees, who should be responsible for a more vigorous carrying on of their work or others should be chosen to take their place. Officers and Councilors should be carefully selected from men who have shown that they have the interest of the profession at heart, and who are willing to give thought and time to the work assigned to them. If they are not willing to do this, they should not accept the position or should resign. Men who are willing to work should be given positions of honor. No doubt some of the older men who have contributed much to the profession would be glad to be relieved if new workers can be found to take their places. In addition, there is plenty of work for a full-time lay Secretary, when the members of the Association feel that the safeguarding and promoting the interest of the profession is worth the necessary raise of dues to ten or fifteen dollars a year.

In addition to the routine work of the Secretary's office he could take charge of the business interests of the JOURNAL, which has been a one-man volunteer job since the beginning, and for this vast amount there has been but little appreciation. I wonder how many of the Councilors know that according to the constitution they are responsible for the management of the JOURNAL?

Beside the routine work, a lay Secretary, as in other states, could

look after other things of financial interest to the members of the profession, such as automobile insurance, and could save more in premiums than paid in additional dues. It is worth while to consider these things as they are successfully carried out in other states. If we wish our Association to be a progressive and going concern, we should keep up to the standard of other states.

The A. M. A. is now sending the *Bulletin* to every subscriber of the JOURNAL. In this you will find each month what the other states are doing, how they are meeting the various problems of public policy. It is a free forum, open to all, and should be read carefully by all who are interested in the progress of the welfare of the profession. Every officer and committee member will find something of interest in his special work.

BERTRAM L. BRYANT, *Secretary*.

COUNCIL REPORTS.

FIRST DISTRICT.

PORTLAND, MAINE, April 29, 1924.

DR. B. L. BRYANT,

Secretary Maine Medical Association,
Bangor, Maine.

My dear Doctor:—I have to present to you the following report as Councilor of the First District of Maine:

I attended the York County Medical Meeting in October, 1923, at Sanford, and the annual meeting with President Moulton, at Biddeford, January 3, 1924. This society has depended upon its Secretary, Dr. A. L. Jones, for so many years that it was paralyzed by his resignation, and could find no one willing to be elected. A valuable Secretary who functions for the society may not receive full appreciation until search is made for another.

The Cumberland County Association has had a profitable year. The membership is now one hundred and ninety-two. The February meeting was skipped, making three meetings for the year.

A banquet and reception was tendered to six resident members of the Association who had been in active practice over fifty years. It was a remarkable occasion in honor of remarkable men.

Respectfully submitted,

C. B. SYLVESTER.

SECOND DISTRICT.

Following is the report from the Councilors of the Second District:

LEWISTON, MAINE.

The Androscoggin County Medical Society, on January 8, 1924, elected the following officers:

President—Dr. R. A. Goodwin.

Vice-President—Dr. W. W. Bolster.

Secretary and Treasurer—Dr. L. J. Dumont.

Board of Censors—Dr. W. Chaffers, one year; Dr. D. A. Barrel, two years; Dr. T. Fitzmaurice, three years.

Delegates to State Association—Dr. W. E. Webber, one year; Dr. A. W. Plummer, two years.

Total number of members, sixty-five. New member, Dr. H. Sprince, of Lewiston. Gone out of Androscoggin County: Dr. Burr, now in Oxford County; Dr. L. B. Hayden, now in Massachusetts. Two were crossed off the list, dues not having been paid for two years.

Speakers:

March 13, 1923—Dr. W. R. MacAusland, orthopedic surgeon of Boston, gave a lecture on "Arthritis from a Surgical Standpoint;" Dr. W. E. Preble, of Boston, spoke on "Arthritis from a Medical Stand-point."

April 10, 1923—Dr. D. Crosby Greene, of Boston, gave a talk on "Cancer of the Larynx."

May 8, 1923—Dr. Christian, of Boston, gave a talk on "Cardiorenal Diseases;" Dr. Cyrus Sturgis, of Boston, gave a talk on "Relationships of Goitre."

February 28, 1924—Dr. A. R. Kimpton, of Boston, gave a lecture on "Technique and Indications of Blood Transmission."

March 11, 1924—Dr. H. V. Kazanjian, of Boston, gave a lecture on "Plastic Surgery of the Face."

April 9, 1924—Dr. Ralph Clinton Larrabee, of Boston, spoke on "Blood Diseases."

These men, as you all know, are the best in their line of work, and it is needless to say we all got something from them.

Sincerely yours,

E. V. CALL.

THIRD DISTRICT.

ROCKLAND, MAINE, May 26, 1924.

BERTRAM L. BRYANT,
Bangor, Maine.

Dear Dr. Bryant:—I hereby submit the following report as Councilor for the Third District:

The Knox County Society is active and prosperous and has gained in membership during the year. It has lost by death, Dr. Stephen Weidman, of Rockport. Six regular meetings are held during the year, with a program by the members. Special meetings are held during the summer, with speakers from away. I have been unable to visit the Sagadahoc society during the past year. I was called upon to visit them once, but had to decline because of ill health. I believe the society to be prosperous.

Very truly yours,
NEIL A. FOGG.

FOURTH DISTRICT.

SKOWHEGAN, ME., June 2, 1924.

DR. BERTRAM L. BRYANT,
265 Hammond Street,
Bangor, Maine.

Dear Dr. Bryant:—The Fourth District has had a very prosperous year. Meetings, as a whole, have been more frequent, with more general discussion, which seems to intensify general interest.

The legislative bill has been discussed pro and con with very little definite decision. More men are insured than ever before, but still not every man as he should be. Several of our members have been involved in malpractice suits unfortunately, but even such sad affairs have taught us to stay a little closer to one another, to be more careful of a careless word. It has shown us by actual experience the wonderful idea of medical defense as worked out by our Maine Medical Defense Committee.

I believe that most men are seeing the wonderful opportunity given us through public health work, and I hope these opportunities will be reviewed again at our June meeting.

Very truly yours,
GEO. E. YOUNG, M. D.

FIFTH DISTRICT.

In offering the report of this district, it is very gratifying to note the interest which is being manifested in legislative matters. There have been special committees appointed to interview prospective can-

dicates relative to their stand on medical laws. We believe that this will be productive of good results. Hitherto, this district, as well as others, has been very lax in legislative matters.

Our meetings have been held regularly and have been especially interesting, owing to the fact that they have been conducted along lines of clinical diagnosis.

WALTER J. GILBERT.

REPORT OF LEGISLATIVE COMMITTEE.

Your Committee has kept in touch with legislative action in other states. Several State Medical Bureaus have kindly sent us frequent bulletins, concerning bills of interest, their character and progress. How to get at something worth while, for the protection of the public, in medical matters, is a burning question. We have had prepared two bills. One was introduced into the last Legislature, and dealt with the matter of preliminary medical education; the other is a bill calling for a single board for all who would practice the healing art. We realize that these bills are far from perfect; in fact, they may prove but a nucleus for further constructive thought. We wish that each and every physician would give them careful study, and would feel free to express his opinion thereon. From the best thought in our own Association, and with the aid of other State Associations and the A. M. A., we hope to work out a progressive program.

L. P. GERRISH,
W. E. KERSHNER,
J. D. PHILLIPS.

STATE OF MAINE.

In the Year of Our Lord One Thousand Nine Hundred and Twenty-three.

AN ACT to Create a State Board of Preliminary Examination and Prescribing its Powers and Duties.

Be it enacted by the People of the State of Maine, as follows:

SECTION 1. The governor with the advice and consent of the council shall appoint prior to the first day of August, 1925, a board of preliminary examination consisting of five educators of recognized standing, residents in the state, to be selected from the faculties of the colleges in the state. The members of said board shall hold office, one for the period of one year, one for two years, one for three years, one for four years, and one for five years, and all members shall continue in

office until their successors are appointed and qualified. Any vacancy in said board shall be filled by the appointment of a person, qualified as aforesaid, to hold office during the unexpired term of the member whose place he fills. Any member of said board may be removed from office for cause by the governor with the advice and consent of the council.

SEC. 2. The members of said board shall meet on the first Tuesday of June of each alternate year after the year 1923, at such time and place as they may determine and shall elect a chairman and secretary who shall hold their respective offices for the term of two years. The board shall hold regular meetings, one in March and one in July and one in November of each year and such additional meetings at such times and places as it may determine. Said board shall cause a seal to be engraved and shall keep correct records of all its proceedings and may make rules and regulations as it shall deem necessary for the successful enforcement of its authority and performance of its duties.

SEC. 3. Any person shall upon the payment of a fee of five dollars be entitled to examination as hereinafter provided and if found to possess the qualifications hereinafter provided shall receive a certificate thereof under the seal of the board. Any person refused certification may be examined at a regular meeting of said board within two years of the time of such refusal without additional fee and thereafter may be examined as often as he may desire upon payment of the fee of five dollars for each examination. All fees received by the board hereunder shall be paid by the secretary thereof into the treasury of the state once in each month.

SEC. 4. Except as in section six hereof provided no person shall hereafter practice any form of the healing art in the State of Maine, or shall treat for compensation by any means whatsoever any disease of the body or mind or any ailment, injury or malformation of the human body until he has passed to the satisfaction of this board its examination and test herein provided and shall have received the certificate provided in the preceding section. Said examination and test shall be as follows: the applicant shall submit to the said board his general educational credentials and shall satisfy such board that he is a person of good moral character, that he has received a diploma or its equivalent from some reputable and recognized high school, and that he has received a diploma from some school teaching the healing art which was, in the judgment of the board, reputable and in good standing at the time of the applicant's graduation therefrom; that the course in said school is of at least thirty-two months extending over a period of four years and embracing the study of anatomy, physiology, pathology, chemistry, bacteriology,

symptomatology, diagnosis, hygiene and sanitation, and that the applicant possesses sufficient general educational qualifications; provided, however, that any person shall be entitled, prior to entering a school teaching the healing art, or during his attendance therein to register with said board the high school diploma or its equivalent as by this section required; provided further if for any reason said board is not satisfied that the applicant possesses the qualifications required it may cause such applicant to be examined as to his general educational qualifications by a committee to be appointed by said board and this examination may be held and required even though such applicant possesses the diploma or equivalent thereof heretofore provided.

SEC. 5. No professional examination shall be given by any state board of registration or examination of the healing art unless the applicant shall have first presented to such board the certificate of the state board of preliminary examination as prescribed by section three of this act. Any applicant who shall undertake to stand such examination before the above-named boards without said certificate so issued to him prior to such examination shall be guilty of a misdemeanor and upon conviction thereof shall be fined not less than fifty dollars nor more than five hundred dollars for such offense and the license of the above-named boards for professional examination shall be null and void if issued to any person who has not, before taking such examination, submitted himself to the state board of preliminary examination and received the certificate of such board as is by this act provided. This act shall not affect or limit the requirements and standards set by any state board of registration or examination of the healing art in its examination, the examination and test by this act provided being pre-requisite thereto.

SEC. 6. The five preceding sections shall not apply to any person practicing the healing art who is called from another state to treat a particular case and who does not otherwise practice in this state, nor to prohibit gratuitous service or the rendering of assistance in emergency cases, nor to clairvoyants or persons practicing hypnotism, magnetic healing, mind cure or Christian Science, nor shall it apply to any person practicing the healing art the time of the passage of this act for at least three years in the State of Maine.

SEC. 7. The compensation of members of the board shall be five dollars per day for each day actually spent in the discharge of their duty. The compensation, incidental and traveling expenses of the board shall be approved by the board, audited by the state auditor, and paid from the state treasury out of the receipts from examination fees as herein

provided, and so much of said receipts as may be necessary are hereby appropriated for the compensation and expenses of the board as aforesaid.

STATE OF MAINE.

Legislature of 1925.

Be it enacted by the People of the State of Maine, as follows:

SECTION 1. Appointment of board of registration of medicine, osteopathy and chiropractic; vacancies; removal of members.

The governor, with the advice and consent of the Council, shall appoint prior to the first day of August, 1925, a board of registration of medicine, osteopathy and chiropractic, consisting of five persons, residents in the state, of whom three shall be graduates of a legally chartered medical college or university having authority to confer degrees in medicine, and one shall be a graduate of a legally chartered osteopathic college or university having power to confer degrees in osteopathy, and one shall be a graduate of a legally chartered school of chiropractic, and also who shall have been actively engaged in the practice of their respective professions in the State of Maine for a period of three years. The five persons qualified and appointed as aforesaid shall hold office, the first until the first day of August, 1926, the second until the first day of August, 1927, and the third until the first day of August, 1928, the fourth until the first day of August, 1929, and the fifth until the first day of August, 1930, and one member shall be appointed before the first day of August of every year after August 1, 1925, to hold office for five years from the first day of August following the appointment.

No member of said board shall belong to the faculty of any school or college of medicine, osteopathy or chiropractic. Any vacancy in said board shall be filled by the appointment of a person qualified as aforesaid to hold office during the unexpired term of the member whose place he fills. Any member of said board may be removed from office for cause by the Governor, with the advice and consent of the Council.

SEC. 2. Meetings for choice of officers; regular meetings; seal.

The members of said board shall meet on the second Tuesday of August of each alternate year after the year 1925, at such time and place as they may determine, and shall elect a chairman and secretary who shall hold their respective offices for the term of two years. The said board shall hold regular meetings, one in March, one in August, and one in November of each year, and such additional meetings at such times and places as it may determine. Said board shall cause a seal to be engraved and shall keep correct records of all its proceedings and

may make minor rules and regulations as it shall deem necessary for the successful enforcement of its authority and performance of its duties.

SEC. 3. Registration of physicians and surgeons, osteopaths and chiropractors; disposal of fees.

Any person shall, upon the payment of a fee of fifteen dollars, be entitled to examination as hereinafter provided, and if found qualified by the members of the board present shall be registered as a physician or surgeon or as an osteopath or as a chiropractor as defined by the subsequent provisions of this Act, and shall receive a certificate thereof under the seal of the board and signed by the chairman and secretary, which shall state the facts and must be publicly displayed at the person's principal place of business as long as said person continues such practice for gain or hire. Any person refused registration may be re-examined at the regular meeting of said board within two years of the time of such refusal without additional fee and thereafter may be examined as often as he may desire upon payment of the fee of fifteen dollars for each examination. All fees received by the board hereunder shall be paid by the secretary thereof into the treasury of the state once in each month.

SEC. 4. All applicants shall be examined for registration; qualifications of applicants; conduct of examinations; rule for reciprocity of licensure with boards of other states.

The board shall examine all applicants for registration as licensed physicians or surgeons, as osteopaths and as chiropractors. Each applicant shall, at least seven days before the date of his examination, present to the secretary of the board an application under oath or affirmation containing satisfactory proof that said applicant is twenty-one years of age, of good moral character, and a graduate of some reputable school or college of medicine, or osteopathy, or chiropractic in good standing having power to confer degrees in medicine, or osteopathy or chiropractic respectively and maintaining a standard of preliminary education and of appropriate instruction approved by the board which said standard shall require at least that the applicant for admission to said school or college shall present to said school or college before beginning his study of medicine, osteopathy, or chiropractic therein, the diploma of a high school or equivalent school having a course of study requiring an attendance through four school years, or a certificate of having passed a satisfactory examination before the State Superintendent of Schools or like state officers in the studies embraced in the curriculum of such high school or other equivalent school.

He shall also present such other facts as the board in its blank ap-

plication may require and must pay the fees provided in the preceding section. Examinations shall be in whole or in part in writing and shall be of a thorough and practical character. All candidates for registration hereunder shall be required to pass, to the satisfaction of the entire board, an examination embracing the general subjects of anatomy, physiology, chemistry, bacteriology and pathology.

Candidates for registration as physicians and surgeons shall pass, to the satisfaction of the three members of the board who are physicians and surgeons, only, an examination in the subjects of sanitation, *materia medica* and therapeutics, surgery, the principles and practice of medicine, obstetrics, and such branches of medical science as the three members of the board above named may deem necessary for the applicant to be versed in. Candidates for registration as osteopaths shall pass, to the satisfaction of the member of the board who is an osteopath alone, an examination in toxicology, dietetics and diagnosis, hygiene, obstetrics, gynecology, principles and practice of osteopathy and such branches of the science peculiar to osteopathy as the osteopath member of the board may deem necessary for the applicant to be versed in. Candidates for registration as chiropractors shall pass, to the satisfaction of the chiropractor member of the board alone, an examination in hygiene, diagnosis, the therapeutics of chiropractic, the principles and practice of chiropractic and such branches of chiropractic science as the chiropractor member of the board may deem necessary for the applicant to be versed in. The board may make such rules and regulations as may be necessary for reciprocity of licensure with the boards of other states which maintain a standard of education at least equal to their own; but no such rules shall become operative until they have been approved by a Justice of the Supreme Judicial Court.

SEC. 5. Record kept which shall be open to inspection; annual report.

The board shall keep a record of the names and residences of all persons registered hereunder and a record of all moneys received and disbursed by said board, and said records or duplicates thereof shall always be open to inspection in the office of the Secretary of the State during regular office hours. Said board shall annually, on or before the first day of January in each year, make a report to the Governor containing a full and complete account of all its official acts during the preceding year, also a statement of its receipts and disbursements and such comments or suggestions as it may deem essential.

SEC. 6. Investigation of complaints; certificates may be revoked.

The board, its members or agents shall investigate all complaints and all cases of non-compliance with, or violation of, the provisions of

this Act relating to the registration of physicians and surgeons, osteopaths and chiropractors, and shall bring all such cases to the notice of the proper prosecuting officers. Said board, after a conviction before a proper court for crime committed in the course of professional business, of any person to whom a certificate has been issued by them, and after hearing, may by vote of three-fifths of the entire board, revoke the certificate and cancel the registrations of the person to whom the same was issued. Said board may also suspend or revoke any certificate by a three-fifths vote of the entire board, in any case where such certificate has been wrongfully obtained or for any fraud connected with the said registration.

SEC. 7. No person shall practice who has not been registered; unless registered, shall not use title; penalty for violation; *prima facie* evidence.

Unless duly registered by said board no person shall practice medicine or surgery, osteopathy or chiropractic or any branch thereof or hold himself out to practice said healing arts or any branch thereof for gain or hire within the state, by diagnosing, relieving in any degree or curing or professing or attempting to diagnose, relieve or cure any human disease, ailment, defect or complaint, whether physical or mental, or of physical or mental origin, by attendance, or by advice, or by prescribing or furnishing any drug, medicine, applicance, manipulation, method, or any therapeutic agent whatsoever or in any other manner unless otherwise provided by statute of this state. Unless duly registered by said board as a physician and surgeon no person shall prefix the title "Doctor" or the letters "Dr." or append the letters "M. D." to his name or use the title of doctor or physician in any way except as in this section provided. A person duly registered as in this Act provided as an osteopathy may prefix the title "Doctor" or the letters "Dr." to his name when accompanied by the words "of osteopath;" and unless duly registered by said board as an osteopath no person shall prefix or affix the word "osteopath" to his name. A person duly registered as a chiropractor under this act may prefix or affix the word "chiropractor" to his name and unless duly registered by said board as a chiropractor no person shall prefix or affix the words "chiropractor" to his name.

Whoever not being duly registered by said board practices medicine or surgery, osteopathy or chiropractic or any respective branch thereof or holds himself out to practice any of the above healing arts or any branch thereof in any of the ways as aforesaid or who uses the title "Doctor" or the letters "Dr." or the letters "M. D." or the word "osteopath" or the word "chiropractor" in connection with his name contrary to the provisions of this section shall be punished by a fine of not less

than one hundred dollars nor more than five hundred dollars for each offense, or by imprisonment for three months or by both fine and imprisonment; the prefixing of the title "Doctor" or the letters "Dr." or the appending of the letters "M. D." or the prefixing or affixing of the word "osteopath" or the prefixing or affixing of the word "chiropractor" by any person to his name, or the use of the title doctor or physician or surgeon or osteopath or chiropractor in any way by any person not duly registered as hereinbefore described shall be *prima facie* evidence that said person is holding himself out to practice medicine or surgery or osteopathy or chiropractic contrary to the provisions of this section; provided, that nothing herein contained shall prevent any person who has received the Doctor's degree from any reputable college or university, other than the degree of "Doctor of Medicine" from prefixing the letters "Dr." to his name, if he is not engaged, and does not engage in the practice of medicine, or surgery or the treatment of any disease or human ailment or the healing art.

SEC. 8. Certain officers, persons; exempt.

The seven preceding sections shall not apply to commissioned officers of the United States Army, Navy or Marine Hospital service or to a physician or surgeon or osteopath or chiropractor who is called from another state to treat a particular case and who does not otherwise practice in this state, nor to prohibit gratuitous service or the rendering of assistance in emergency cases nor to clairvoyants or persons practicing hypnotism, magnetic healing, mind cure, massage or Christian Science; provided such clairvoyants and other persons do not violate any of the provisions of the preceding section in relation to the use of "M. D.," "Dr.," "osteopath," "chiropractor," or the title of doctor or physician.

SEC. 9. Compensation and traveling expenses of board.

The compensation incidental and traveling expenses of the board shall be approved by the board, audited by the State Auditor and paid from the state treasury, provided that the amount so paid shall not exceed the amount received by the Treasurer of the State from the board in fees as herein specified and so much of said receipts as may be necessary are hereby appropriated for the compensation and expenses of the board as aforesaid.

SEC. 10. All acts and parts of acts are hereby repealed so far as they are inconsistent herewith.

Sections nine to seventeen inclusive of chapter eighteen of the Revised Statutes of 1916 and chapter one hundred eighty-eight of the Public Laws of 1919, are hereby repealed, provided, however, that the existence and authority of the boards of medicine and osteopathy respectively as by law existing heretofore shall continue in effect until the board of medicine, osteopathy and chiropractic herein provided shall be in operation.

REPORT OF THE CANCER COMMITTEE FOR 1923-1924.

The Cancer Committees of the Maine Medical Association and the Maine Public Health Association wish to make the following report for the year 1923-1924:

As outlined in our report for last year, the campaign has been carried on with its aim at educating the lay public in the essential facts regarding malignancy in much the same manner as in the two preceding years. Especial stress has been laid upon the early diagnosis and the proper attention to and treatment of pre-cancerous conditions. The work this year has been carried more into the smaller rural communities, not reached before, than to audiences in the larger cities. This work has been carried on by the county chairmen and their assistants, who were furnished with a detailed plan for working purposes. An entirely new standard lecture was prepared and printed in very acceptable form and distributed, together with a letter, to every physician in the state by Mr. Thurber, of the Maine Public Health Association. This was a very valuable piece of co-operation. In some sections of the state the work has been carried on with the old-time vigor, while in others it has been noticeable by its absence.

A review of the work in this state, a careful inquiry regarding the work in other parts of the country, and the impressions gained from this survey, indicate rather strongly that there is need of further educational effort among the profession at large, especially regarding the early diagnosis of malignancy, the great danger of delay, and the recognition of pre-cancerous lesions. Your Committee, therefore, proposes to continue this work among the lay public as before, perhaps in a modified form, during the next year, and also to add as far as possible work among the profession. We realize at once the difficulty of this part of the work, but believe that it can be most tactfully and best done through the employment of out-of-state speakers of recognized authority, and also by the holding of cancer clinics whenever and wherever possible, in the larger hospitals and perhaps in connection with county medical society meetings.

The American Society for the Control of Cancer has recently issued a new handbook on cancer for physicians. This is neatly bound in cloth and can be purchased for 18c. the copy. In connection with this year's efforts, it would seem very desirable to have enough copies to distribute to every physician in the state. Dr. Bryant estimates that the cost would be about one hundred and fifty dollars. The committee, therefore, asks that an appropriation be granted for this purpose.

The following is in brief our tentative program for the coming year:

1. Paper by a recognized out-of-state authority at annual meeting.
2. Papers before every county medical society by some leading man in another county or by out-of-state authorities.
3. A prepared paper on fundamentals by the Cancer Committee for use at cancer meetings and other public health meetings.
4. Distribution of handbook on cancer to the profession.
5. Cancer clinics in all of the larger hospitals and centers of the state, possibly in connection with county society meetings.
6. Particular attention to lectures to nurses in all public and private hospitals, also the public health nurses.
7. Short papers or talks on cancer worked in at other public health meetings. (Thurber's abstracts.)
8. Continuance of lay program as before whenever and wherever possible.

Respectfully submitted,

EDW. H. RISLEY, M. D.,

For the Committee.

COMMITTEE ON HOSPITALS.

Your Committee on Hospitals herewith submits its annual report:

While regretting that our duties are not better defined, and that the many suggestions that could be offered for the improvement of certain hospitals do not carry the teeth that might mean the compulsory carrying out of these suggestions, we are glad to report a marked improvement in character, management, equipment and efficiency, more especially in the smaller hospitals of the state.

We would suggest that each hospital in the state, that has not already done so, strive to attain the standard as recommended by the American College of Surgeons. The requirements are few in number and are not difficult to attain, and are nothing more than every good hospital should have.

We still believe that a hospital, in spite of its inevitable charity, should at the same time be a business institution, conducted as any other business enterprise, and it is certainly gratifying to find the increased number of hospitals that are being conducted on business principles, paying all their bills without state aid, and having a varying surplus for hospital improvements. And we further believe that the time is not far distant when all our hospitals, except our state institutions, will be self-supporting, and with this independence of the State more and better work will be accomplished.

F. W. MITCHELL, M.D., *Chairman.*

R. W. WAKEFIELD, M.D.,

H. F. MORIN, M.D.

REPORT OF COMMITTEE ON INSPECTION OF STATE HOSPITALS.

To THE MAINE MEDICAL ASSOCIATION:

Gentlemen:—As a member of the Committee on Inspection of State Hospitals, I will speak but briefly of the general conditions and needs of these institutions, but would say here that it would repay any and every physician in the state to visit these institutions in order to observe the nature and quality of the work being done and the greatly improved methods of humane treatment given insane patients in these places at the present time.

I.

Medical Work:—When patients are admitted to these institutions detailed family and personal history is taken. A complete physical examination is made in each case, including neurological and other special investigations. Wassermann tests for syphilis are made in each case, and X-ray examinations for tuberculosis and other conditions are made in suspected cases. Bowel movements are recorded and the urine is always examined. In addition, each patient has a complete dental examination made by a resident dentist and complete radiographic examinations are made whenever indicated. Records are made of the dental condition and treatment is furnished. Surgical conditions are examined and treated by consulting surgeons, and pathological conditions of the nose and throat are examined and treated by the consulting otolaryngologist. Hydrotherapy is a routine treatment for allaying emotional excitement and controlling increased psychomotor activity. Occupational therapy is employed, and in many cases an active interest in some occupation is followed by marked and rapid improvement in both mental and physical conditions of the patients. In some of the wards systematic exercises have also been instituted.

II.

Important Needs of the Bangor Hospital:—The present normal bed capacity for male patients is 315, and already the number of male patients in the hospital frequently exceeds 400. This means that much floor space intended for day room must be used for bed space. All the male wards are overcrowded from 20 to 45 per cent. As the institution becomes more and more overcrowded it becomes increasingly difficult to keep up the standards of curative work. Plans for rehabilitation through the application of occupational therapy to practically all types of patients will be impossible until there is more room. A male wing to accommodate 150 patients is therefore urgently needed. If

the Bangor State Hospital is to continue as a curative institution, the overcrowding must be relieved.

III.

Sterilization Law:—Since it has been conclusively shown that heredity is the all-important factor in causing mental defects, it is recommended that a law be passed authorizing state institutions for the insane and feeble-minded to sterilize under properly constituted authority such patients as may be unfit from a biogenetic standpoint to propagate their kind. If such a law was passed, many patients could be sterilized and returned home to their relatives with safety, and large sums of the public money, now expended for maintenance of these patients in institutions, could thereby be saved. In the neighborhood of twenty states already have acts on their statute books authorizing sterilization for eugenic purposes in state institutions.

IV.

At Augusta conditions are much the same as at Bangor. Cleanliness and order prevail. Shortage of help in the wards is a discouraging feature to the superintendent and others in charge. This is partially due to the low wages paid for such work. A building for nurses and attendants is needed, as is also a training school for nurses, in which a two-year course for state hospitals may be taken followed by one year in a general hospital if nurses desire further training. These institutional needs demand the attention of the Maine Medical Association.

Respectfully submitted,

R. H. MARSH.

REPORT OF THE COMMITTEE ON HEALTH IN SCHOOLS.

To the Maine Medical Association:

The Committee on Health in Schools of the Maine Medical Association presents the following report:

The several members of the committee have made investigations of the school conditions in various parts of the state and find, as a whole, that the sanitary conditions are steadily improving. Old schoolhouses are being remodeled so that the lighting and ventilation are improved and in most cases adequate. All new buildings must have proper ventilation, light and heat before they are allowed to be used, as all plans for these buildings have to be approved by the Commissioner of Education and Commissioner of Health. Artificial illumination

should be especially attended to, so that when needed it would be adequate and properly arranged.

The steadily increasing numbers of school physicians means that, by discovering the defects in school children and having these defects remedied, we shall have healthier and more alert children in our schools.

The introduction of the hot school lunch needs encouragement. The hot lunch, especially in winter, is proving of great value to the undernourished child. The undernourished child is receiving more attention every year with excellent results.

The "open air" school has been tried in two of our large cities, and the results have been very favorable, so that there should be at least one "open air" school in every large city and town in the state.

Communicable disease is spread largely through the schools. Many of the teachers have only a very slight knowledge of communicable disease, and, although there is a law against admitting scholars back into school after being sick with communicable disease unless a certificate is presented to the teacher that the child is free from communicable disease, many scholars return to school without the certificate. There should be a health course in our normal schools for instruction of our teachers.

The members of the Maine Medical Association should in every way support all health activities tending to promote the health of our school children.

Respectfully submitted,
C. F. KENDALL, M. D.,
For the Committee.

COMMITTEE ON PUBLIC RELATIONS.

The regular function of the Public Relations Committee, as a clearing house for physicians locating in the state, has been of exceptional value during the past year. A number of places have been filled by applicants outside the state, and a few changes arranged within the state, to the advantage of both the physician and the community. The committee is still of the opinion that it will be possible to provide medical men for communities that are willing to guarantee them a living, but those communities that are not sufficiently interested in their own welfare to do this are likely to remain without a doctor. In its capacity as advisory committee to the Public Health Association, the Public Relations Committee has passed upon various sorts of public health literature and propaganda, including a number of films. With a better

understanding of the purposes of public health work in the state, a cordial feeling is manifesting itself between the members of our profession and the Public Health workers. As this work has in times past been somewhat hampered by friction, this is a most encouraging sign, more particularly at this time, when both associations are interesting themselves in developing the preventive side of our work. We can congratulate ourselves on the leading position which Maine has taken in this work, due to the foresight of the leaders in these two organizations and the State Department of Health. The main plan for health work has become recognized as such throughout the country, and when the plans now under way have been consummated, we can consider that this prestige has been well earned.

At the present time, the preventive program consists of the preparation of the public for periodic health examinations to be done through the activity of the Public Health Association, and preparation of medical men to meet the demands for the work through clinics, meetings, and other educational facilities, which the Medical Association has planned. Each county association already has had appointed a Public Relations Committee to co-operate in this work.

S. JUDD BEACH, *Chairman.*

REPORT OF THE NECROLOGIST FOR 1923-1924.

We regret, as always, the death of our comrades in medicine, and this year more than ever, because the list of the departed is longer than for many years past. Death, too, in many of these instances, has been so sudden and so unexpected as to emphasize more than ever the uncertainty of human life. Physicians, like all, must die, despite their personal skill, and we regret to be compelled to believe that in their beneficent work to obtain health for others they are altogether too neglectful of their own.

The names of those who have fallen along the road since last we met read as follows:

Edward Eugene Barker, Portland.	Charles Milton Leighton, Portland.
Herman Linwood Bartlett, Norway.	James Holland McCorrison, N. Berwick.
Walter Eugene Bongartz, West Point.	Edward Albert Porter, Pittsfield.
Davie Wellington Bunker, Bangor.	William Rogers, Bar Harbor.
Edwin Linwood Burnham, S. Berwick.	Frank Williams Searle, Portland.
Chauncey Rea Burr, N. Y. and Portland.	Edward Byron Silsby, Rockland.
Moses Hubbard Ferguson, Biddeford.	Elmer Small, Belfast.
Eli Snow Hannaford, Readfield.	Edwin Flye Stetson, Damariscotta.
Percival Orison Hopkins, Bingham.	Addison Sanford Thayer, Portland.
Ralph N. Knowles, Bangor.	Stephen Yates Weidman, Rockport.

This long list shows that many younger physicians will be needed in Maine to take the places of those who are thus dying, but those places will be hard to fill, because these men were very capable, and highly esteemed.

JAMES A. SPAULDING,
Necrologist.

REPORT OF VISITORS TO STATE SANATORIA.

We visited the Northern Maine Sanatorium at Presque Isle, June 7, 1923. It is a fine, clean, new institution under the efficient management of Dr. Carter, and does the requisite work for our great Aroostook County. The location seems unnecessarily bleak and exposed to winds, but an attempt is made at protection by the slow growth of trees.

We do not now approve the one-time demand for hilltop exposures which located our sanatoria at Hebron and Fairfield and Presque Isle. The fire hazard is greater, and it must be kept before the legislature that an increased expense for fire protection is especially needed at Fairfield. We are sure that Dr. John Shaw will not slack up in his demands for means necessary to continue development and efficiency of the Central Maine Sanatorium. The public has come to understand the need to the patient for a longer stay, until some occupational therapy has been tried out without the dangerous reaction often obtained at home.

Visits at the Western Maine Sanatorium show improvements in buildings and a satisfactory administration by Dr. Adams. It is especially gratifying to see the extension of state treatment to the children. The demonstration to the profession and to the public of the sun-cure, minus clothing, in gland and bone tuberculosis, is worth more than the individual success attained.

C. B. SYLVESTER.

HISTORY OF THE JOURNAL.

A casual review of the JOURNAL'S history from the records shows that in the 1909 sessions the matter was brought before the House of Delegates and failed, but at the Bar Harbor sessions, in 1910, it was taken before the General Session and the following motion carried:

"Dr. Fuller: Now that this matter may be properly threshed out during the coming year, I move that a committee of five be appointed to investigate the matter and report at our next meeting, that the Presi-

dent-elect be chairman of that committee, and that Dr. Williams be a member of that committee, because he is familiar with the conditions and affairs as they existed in the past, together with three other members, who shall be appointed by the President, as to the feasibility of the establishment of a journal by this Association."

"Dr. Sawyer: I think this matter was pretty well threshed out before the House of Delegates last year, and I can see no good purpose in carrying it over another year. I don't think we shall take very much risk at this time to establish this journal. I am going to make an amendment to Dr. Fuller's motion, that a committee be appointed by the chair, of which the President-elect shall be chairman, a committee of five to establish this journal."

Motion seconded and carried as amended.

Committee on Journal, Library and Transactions—Drs. A. D. Sawyer, W. Bean Moulton, F. Y. Gilbert, J. W. Bowers, President-elect E. H. Bennet.

At a committee meeting held in Portland the following action was taken: The election of an Editor-in-Chief, Dr. F. Y. Gilbert, who should make up an editorial staff and establish the *JOURNAL* of the Maine Medical Association.

Beginning with no knowledge or experience, and an appropriation of only \$500, seven issues were published the first year, and from that time on there has never been a lapse of any issue. The cost to the Association was, up to 1922, far less per capita than the old transactions, but with the increased cost of paper and printing, and the general business depressions following the World War, the expenses to the Association have nearly doubled.

For fourteen years your Editor-in-Chief has served you in the capacity of Managing Editor, and beginning in 1924 will serve as Editor-in-Chief until relieved by a successor in office. During this time every effort has been made to further the efforts of co-ordinating the various county units and making for strong state and county organizations, and I firmly believe that the last fourteen years have been years of progress, of which the State Association may well be proud.

It should always be borne in mind that the official organ of a state association is just what its name implies. It is a state journal interested primarily in state and county medical association work, and as such does not enter into competition with other medical journals. Notwithstanding this fact, the *MAINE MEDICAL JOURNAL* compares very favorably with other state journals with a membership in Maine.

During its fourteen years of life it has published the transactions and papers of the state, and, so far as possible, the county associations,

together with other material, which might be of interest to the physicians of Maine. By having a list of papers on hand, it has been able to assist various county associations to arrange a program for their meetings, and has been in constant co-operation with the State Department of Health, The Maine Public Health Association and all the activities of the Maine Medical Association.

No report would be complete without due acknowledgment of the vast amount of work done by our veteran associate, Dr. James A. Spalding. His untiring efforts in behalf of the JOURNAL and medical profession of Maine should be an inspiration to us all to broaden our activities so as to benefit not only ourselves and dependents, but the community as a whole.

In looking back over these years of active work, both in the state and national associations, I am most strongly impressed with the great amount of unselfish work done by our present Secretary, Dr. B. L. Bryant, of Bangor. His steady effort in behalf of the county units, as well as his strength in representing the Maine Medical Association in the National House of Delegates, has won not only for him, but for the profession of Maine, a national prominence well worthy of the Pine Tree State. He has not only served you as Secretary, but has identified himself with the public health activities of the state and nation, as well as representing Maine in the National House of Delegates and bringing to Maine for the first time in its history the President of the A. M. A. "Honor where honor is due" is an old maxim, but "Credit where credit is due" is apparently new, but let us apply it now.

In closing, due recognition should be given to the officers, past and present, of the state and county medical associations, the members who have from time to time served on the editorial staff, together with many members of the Association who have made contributions to the JOURNAL.

F. Y. GILBERT.

MAINE MEDICAL JOURNAL STATEMENT.

JULY 1, 1923, TO JUNE 1, 1924.

RECEIPTS.

Cash on hand, July 1, 1923,	\$ 8.54
Received for advertising and subscriptions,	\$1,951.90
Received from Maine Medical Association,	800.00
	—————
Total receipts,	\$2,751.90
	—————
	\$2,760.44

EXPENDITURES.

Printing and stamps,	\$1,501.15
Salary and incidentals,	1,066.52
Supplies,	115.10
Stamps for Maine Medical Association,	16.00
	—————
Total expenditures,	\$2,698.77
	—————
Cash on hand, June 1, 1924,	\$61.67

Necrology.



DR. BURR.

CHAUNCEY REA BURR. Portland, 1862-1923.

Dr. Burr has escaped from the link of friendship which bound him so closely to me for many years. He was a man whom I trusted beyond words to express, for he was a faithful friend always. He never failed in any way to be kindness itself to my good wife, or to me. He has gone on ahead of me to his reward, and I am here to say a few grateful words for him.

Although he practiced in several places and was a surgeon in our navy, he was not of a fickle nature, but felt compelled to move about, from circumstances beyond his control. When he served in the navy he was rewarded with a share in the famous battle of Manila Bay, and was later urged to continue his service under the flag for the rest of his life.

He was a valiant supporter of the idea that cancer was a blood disease, and that it could only be permanently cured by driving its germs out of the circulation.

As a life insurance examiner he stood on the heights of accuracy in figuring the expectation of life. His paper on "The Economic Value

of Man" was accepted as the standard for the nation's examiners.

No man was so lenient as he in his judgment of his fellowmen, for he always insisted, that no matter what might be hinted against this man or that, there was something good in everyone.

He possessed a canny skill in the diagnosis of obscure intestinal diseases, and must have known all about his own, long before he mentioned it to others.

He was famous as a genealogist, had traced his family for generations back beyond the Conqueror, and spent much time over elucidating ancestral brasses. His hospitality was abundant and his conversational ability remarkable. Never pugnacious, he defended his opinions ably, with a voice so melodious as to charm and attract his hearers.

The time will come when a more comprehensive notice will need to be written concerning this cultured gentleman, but this much must, at present, serve for lack of space.

Dr. Burr was born in Portland, October 16, 1862, the son of Dr. Charles Hartwell and Alba Rea Burr, educated in the public schools, spent a year at Dartmouth, finished a regular course, with honors, at the Yale Scientific School, and obtained, and again with high honors, his degree at Harvard in 1888. He then studied obstetrics at the Rotunda in Dublin and pediatrics in London and Paris. He began practice in Montclair, New Jersey, but soon was offered by the professors at Harvard, who knew his skill, a position on the staff of the Boston Dispensary. He practiced with promising success in Boston, but later moved to San José, California, and after an election to the presidency of the county society, he entered the navy for the Spanish War. After five years he settled in Portland, and remained there until his nationwide opinions concerning the economic value of man obtained for him a position in the Metropolis of New York.

The long lists of his memberships in medical associations, and of his papers in many branches of medicine, have been published elsewhere.

Deeply imbued with strong religious beliefs, he was a model practitioner of medicine, offering daily hope and faith to those who entrusted their afflictions to his skill.

Dr. Burr died suddenly, December 24, 1923, from heart failure, following an operation for gastroenterostomy.

In July, 1888, Dr. Burr married Frances Brewster Ricketts, daughter of Major General Ricketts of the U. S. Army, and Frances Anne Livingstone Ricketts, his wife, and is survived by her and by two daughters, who mourn the loss of a physician and man who will ultimately be adjudged as famous in American medicine.—J. A. S.

Notices.

PROGRAM OF MEETING OF THE MAINE MEDICAL ASSOCIATION, JUNE 25, 26, 27, AT PORTLAND.

All meetings at the Congress Square Hotel.

WEDNESDAY, JUNE 25TH.

7.30 P. M. House of Delegates Meeting.

THURSDAY, JUNE 26TH.

9.30 A. M. Prayer, Bishop Brewster.

Papers :

1. Dr. C. E. Richardson, Skowhegan, "Intestinal Obstruction."
2. Dr. Earl S. Hall, Westbrook, "Schick Test."
3. Dr. Earl S. Merrill, Bangor, "An Appeal for Closer Co-operation between the General Practitioner, General Surgeon and Urologist."
4. Dr. Harold S. Pratt, Livermore Falls, "Intussusception in Children."

12.00 M. Recess.

1.30 P. M. President's Address.

1. Dr. Harry S. Emery, Portland, "Insulin."
2. Dr. Knowlton, Ellsworth, "Future of Country Practitioner."
3. Dr. Howard Fox, New York City, "Modern Treatment of Skin Diseases," illustrated by stereopticon views.

7.00 P. M. Banquet at Congress Square Hotel.

Dr. Wm. A. Pusey, Chicago, President of the A. M. A., speaker.

(Reception before the meeting.)

FRIDAY, JUNE 27TH.

9.30 A. M. Papers.

1. Dr. E. G. Abbott, Portland, "Fracture of the Hip Joint."
2. Dr. Walter M. Spear, Rockland, "Surgical View-point of Cesarean Section."
3. Dr. B. E. Hamilton, Boston, Cardiologist, Boston Lying-in Hospital, "Heart Disease Complicating Pregnancy."
5. Dr. Haven Emerson, New York, "Periodic Health Examination."

Report of House of Delegates.

Election of President-Elect.

12.00 M. Recess.

1.30 P. M. At Congress Square Hotel, under auspices of Cumberland County Medical Society.

Dr. A. Zingher, "Dick Test," with lantern slides and demonstration.

3.00 P. M. At Maine General Hospital, demonstration of tested patients by Dr. Zingher.

3.30 P. M. Demonstration Clinic.

Buffet Supper.

NOTICE.

There will be a meeting of all those interested in industrial surgeon's work at the State Street Hospital, June 27, at 10 o'clock. It is hoped the desire of many members to form a section of the Maine Medical Association, to be known as "The Industrial Surgeons," may be realized. All those interested are requested to note the time and place.

JOSEPH B. DRUMMOND.

CORRECTIONS.

In the article on "Sodium Thiosulphate in Arsphenamine Sensitization," in the May number of the JOURNAL, we make the following corrections: The intravenous dosage of sodium iodid used in the clinic has been 60 to 120 grains instead of grams. The intravenous dosage of sodium thiosulphate used in the clinic has been from one-half to two grams.

On page 209 of the May number there was an error. The first three lines should have been at the bottom of the page. We regret this happening.

NEW AND NON-OFFICIAL REMEDIES.

535 No. Dearborn St., CHICAGO, ILL.

May 29, 1924.

The following articles have been accepted by the Council on Pharmacy and Chemistry for inclusion in New and Non-Official Remedies:

Abbott Laboratories:

Neutral Acriflavine—Abbott (for Intravenous Injection), 0.1 Gm. ampules.

Hoffmann—La Roche Chemical Works:

Digalen—Roche (Cloetta).

Ampules Digalen—Roche (Cloetta), 1.1 Cc.

Tablets Digalen—Roche (Cloetta).

Hypodermic Tablets Digalen—Roche (Cloetta).

Lederle Antitoxin Laboratories:

Pollen Antigens—Lederle:

Giant Ragweed, Pollen Antigen—Lederle; Green Sage Pollen Antigen—Lederle; Lamb's Quarters Pollen Antigen—Lederle; Marsh Elder Pollen Antigen—Lederle; Olive Pollen Antigen—Lederle; Pasture Sage Pollen Antigen—Lederle; Southwestern Ragweed Pollen Antigen—Lederle; Western Water Hemp Pollen Antigen—Lederle; Western Ragweed Pollen Antigen—Lederle.

Mead Johnson and Co.:

Mead's Powdered Protein Milk.

Ohio Chemical and Mfg. Co.:

Ethylene for Anesthesia.

E. R. Squibb and Sons:

Pollen Allergen Solutions—Squibb:

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*PRESIDENT'S ADDRESS.

By C. A. MOULTON, M. D., Hartland, Me.

I wish again to express my appreciation of the high honor you conferred on me. It is an honor any man may well regard as the crowning achievement of his medical career.

It has been my pleasure to have been cordially entertained by twelve out of a possible fifteen county societies during my term of service. Only conflicting dates have prevented me from completing the list.

My address refers to some interesting observations about the physician himself, his related activities toward the public and the profession in general.

The last century has seen great changes in our conception of life and its business and social relations. Intercourse between nations, professional relations, and individual and community obligations have all undergone radical changes and are still on the move. No one knows what the morrow will bring forth.

In no profession is this change more apparent than among physicians and their related activities. Indications are not lacking that new opportunities are bringing into play new responsibilities, and we must so order our professional lives as to meet these opportunities and responsibilities with a determination to make them serve the best interest of the individual and the community.

Until recently the individual has followed his own desires, thoughts and actions without regard to its effect on the public. Medical practice

*Read before the Maine Medical Association, June 26, 1924.

in the past has been largely individual effort without thought of community needs. Now we are coming to think in terms of community betterment. Every physician owes to the public as well as to himself, the duty of fitting himself to the very best of his ability for the proper performance of the duties that fall to his lot. When he accepts a patient he enters a tacit agreement to give that person the benefit of his knowledge and skill and to apply the most approved principles of medical science so far as his ability permits.

The law court of this state requires that when a man offers himself to the public or to a patient as a physician or surgeon that he shall possess that degree of learning, skill and experience which is ordinarily possessed by others of his profession who are in good standing and qualified to undertake the care of a patient. This rule does not require that he shall possess the highest degree of skill or the largest experience or the most thorough education equal to the most eminent men in the country, but it does require that he shall not, when uneducated, ignorant and unfit, palm himself off as a professional man well qualified, and go on blindly and recklessly to administer medicine or perform surgical operations. The proper performance of this sacred obligation requires him to exert every honest effort to inform himself thoroughly concerning the advances in medicine. It is painful to see physicians so absorbed in their work or play that they find no time for self-improvement. Any physician who stays away from his medical society or allows his medical journals to lie on his desk in their original wrappers need find no fault if his patients soon get interested in the other fellow.

The last few years have witnessed an almost complete revolution in the application of our art, owing to the wonderful advances in biology, bacteriology, etiology, physiology and pathology, discoveries which have taken many afflictions out of the domain of incurable maladies and so have saved hundreds of lives.

A student contemplating the study of medicine should make sure that his preliminary education is sufficient to meet the requirements of the state licensing boards of the country. He should know that it is definitely known that all but six of the eighty colleges now require for admission two or more years of college work. Three of these six are reported as not recognized by the licensing boards of more than forty states. Much interest and some special activity has been manifested in the state, since the last session of the legislature, concerning a new order of things governing a pre-medical examination of all who wish to enter upon the study of medicine.

Inasmuch as seventy-four of the eighty medical colleges in the

country require for their entrance examination a standard much higher than that contemplated by the proponents of a new bill, it would seem unnecessary for the Maine Medical Association or anyone else to be responsible for dumping another board on our already overloaded statute books. A licensing board that shall be at the same time satisfactory to the lay public and fair and just to those dealing with the sick is a problem inviting many vexing situations and requires tact and keen judgment and experience. The expressed opinion of a majority of the physicians is, that there shall be one board, one standard, and equal rights for all and special privileges to none.

The Maine Medical Association stands for education and progress, not for ignorance or superstition, and for the use of all the proved methods for the prevention and cure of disease.

Because of ignorance or superstition the public are apt to be indifferent to the laws of health. By ignorance I do not mean those who have been unfortunate from birth, but rather those who are endowed with ordinary intelligence and have been fortunate in their acquired education. The most of the latter class are most interested in the pursuit of wealth and that which makes a happy, prosperous home. They make good members of society, good ministers, lawyers, merchants and serve their state and country with fidelity and zeal. When confronted with problems of health or disease they are helpless and eager to accept help and advice. To them the study and understanding of the laws of health is denied because their time is otherwise occupied. It is but natural they may be influenced by those who have only a mercenary interest to consider. It has not occurred to them that in the case of the sick or well, circumstances arise in which skill and discretion different and higher than that demanded in the ordinary pursuits of life is necessary. They have been unable to grasp the idea that the same rule holds in health and disease as in any other natural phenomena. The public does not fully realize that ill health has a definite cause just as surely as an apple falls to the ground or that a planted acorn produces an oak and not a palm tree.

One hundred and forty-eight years ago the fourteenth day of May, a boy was inoculated with virus taken from a pustule on the hand of a milkmaid who had been infected with her master's cow. The result was that smallpox, which carried off over 50,000,000 persons in Europe during the eighteenth century, and was the cause of one-tenth of all the deaths in New York City between 1785 and 1800, has been practically eliminated except in neglected communities.

The application of the knowledge gained by animal experimentation has saved millions of lives and untold amount of suffering and

distress. Realizing all this, and the fact that Jenner's discovery, at the close of the eighteenth century, of a practical method of producing artificial immunity, we have eclipsed in the last thirty years all that was done before. We possess today not only preventive but curative sera for diphtheria, erysipelas, tetanus, plague, cerebrospinal meningitis, typhoid fever, and many other immunizing agents of diseases of man and animals. We have every reason to expect still greater results in our war on infectious diseases.

We are told that the average length of life in the sixteenth century was between eighteen and twenty years, at the close of the nineteenth century it was between forty-five and forty-eight years, whereas to-day it varies from twenty-five in India to fifty-six in the United States. This means the saving of thousands of lives in this country alone. While much has been accomplished, we have every reason for increased activities when we realize that the mortality from diseases of the heart, blood vessels and kidneys, apoplexy, insanity and cancer has increased in this country in the last forty years.

Our own cancer committee has been active in the distribution of pamphlets, letters, circulars and lectures to the lay and professional population, which aroused considerable interest at first, with good results. It seems, however, surprisingly evident that more concerted action on the part of the medical and dental profession should be aroused to the necessity of devoting more time to instructing the public regarding the early recognition and treatment of malignancy.

The health laws of our state require that every child in the public schools shall be carefully tested at least once in each school year to ascertain whether he is suffering from defective sight or hearing, or from any other disability or defect. It is gratifying to note an increasing demand for a systematic and registered examination of all such pupils, having for its object a check on diseases and deformities in early life. The details of this work should be supervised by the department of education and the physical examination should be made by a competent physician, and should be conducted on the ranking system the same as in spelling or arithmetic. Wherever this has been adopted, it creates keen rivalry among the pupils and schools for the best physical rank, and is very satisfactory to the teachers and parents.

There is also much interest manifested in periodic health examinations, having for its object the keeping the well from disease and making the near well healthy. When a man is in a condition that he is conscious that he is ill he usually desires to become somebody's patient, and his wants are immediately supplied. But in the case of the well and

near well we have an educational problem. The periodic examination of apparently healthy persons is designed to detect disease before inconvenience or suffering is manifest or they have been driven to seek medical advice for an established disease. Evidence of this is found in the medical supervision of school children during apparent health and in the number of defects found in our army recruits.

There is no more prolific cause for sleepless nights or weary days than the threat of dissatisfied patients over work skillfully and faithfully performed under unfavorable circumstances. The tasks that confront the medical man are different from those in other fields of work and more difficult to perform. Because of the great complexity of the various processes involved in biological and pathological changes, brought about as they are by the many groups of symptoms and structural changes, it is not strange that different interpretations might be placed upon them. Added to the opportunities of disagreement we have the uncertainties of therapeutics, and the little frictions of competition, and the selfish fault-finding disposition of some patients, fostered by the advice of misguided neighbors. Petty though they be, they are causes of bitter feelings. While this strained condition exists, a remark or adverse opinion of some member of the profession is made, and soon the medical man may find he has to defend himself in a law court. Fortunately, however, this does not often occur in a profession like ours, composed of men and women broadened by study and personal touch with the sufferings of their fellows and by the very devotion to the profession they have chosen to follow. Sometimes, however, this happy state does not prevail, and, instead of being united by the trials and perplexities with which we have to contend, we allow our selfish aspirations to so far warp our better instincts that feelings of envy and distrust are cherished. Such unworthy mental states are not only harmful to those who indulge in them, but, if allowed expression, they are injurious to the noble profession we are so proud to render allegiance. Personal attacks are cowardly, and, when made on one who is regarded by the public as a worthy member of an honorable profession, they can only lower the respect in which we are held.

I cannot close without making a plea for therapeutics. The medical man may be an expert pathologist or bacteriologist, or he may be skilled as a diagnostician and excel in all the essential fundamentals of the healing art, but unless he possesses a fair degree of skill in the use of those means to restore health to those who are ill there will be but little further excuse for his existence. The most interesting thing to a sick man is to get well. There seems to be some danger of giving too little attention to the study of therapeutics by the regular profession.

It is taught only casually in the schools. Therapeutics is defined as comprising all the sciences and art of healing, and includes the use of medicine, and all other agents and means which are known to alleviate or cure disease. To a man who has faithfully applied himself to the work prescribed in any one of our Class A schools, the knowing what to do may be a logical deduction, but the knowing how to do it in the nicest and most efficient way is an art not possessed by all in the same degree. I think we should do something more to train our students in the practice of therapeutics, in clinical medicine; to really take care of the sick, and not simply to diagnose the sick, as we are now inclined to do; for, after all, he who shows the most skill in the application of his knowledge in the management of the sick, and can create the impression that the number of his cures is above the average, will have demonstrated the greatest excuse for his existence.

INTRASPINAL THERAPY IN THE TREATMENT OF NEUROSYPHILIS.

By ROYCE B. JOSSELYN, M. D., Portland, Maine.

Experience over a period of years has convinced me that intraspinal specific treatment is underestimated, or ignored, by many in the profession. Modern laboratory methods have made intelligent, accurate, and painstaking work in this phase of medicine possible. A careful study of the laboratory reports, physical findings, together with clinical observations, make the study of syphilis one of the most fascinating subjects in the field of medicine.

Intraspinal investigation is indicated in every luetic case. How else can one assure a patient of a complete cure? It is a fairly definite accepted fact that twenty-five per cent. of syphilitics develop neurosyphilis. This percentage is given by Dr. Fordyce, although other observers have placed it much higher. Whether this type of the disease is more or less prevalent since the advent of salvarsan is hard to determine. It was certainly recognized less frequently in the days before modern laboratory methods were discovered and perfected.

It has been demonstrated that neurosyphilis occurs early in the course of the disease. The syphilitic aortitis is not a late infection.

Pathologically the lesions in the vessel walls are exceedingly chronic, taking years to produce. Autopsy findings also prove that the viscera may harbor the spirochetes a long time without symptoms. In a similar manner it is not difficult to imagine that spirochetes may likewise be present in the central nervous system for years without producing symptoms. They have been demonstrated early in the disease, regularly, by Fordyce and Hoyt, with or without clinical signs referable to the nervous system. A thorough understanding of the tissue changes produced by the infection is necessary if intelligent treatment is to be attained. Early in the disease, the spinal fluid may show enough evidence to diagnose neurosyphilis, before extensive degeneration has taken place. Why, therefore, should we wait years for advanced tabes, or paresis, before diagnosing the condition?

It seems likely that infection of the nervous system occurs during the secondary stage, or stage of generalization. In a similar way, other foci, as those in the cardio-vascular system and viscera, are thought to be first infected during the secondary stage. Then, after a dormant period, they are sometimes recognized later as advanced third stage syphilis. Exhaustive study of over five thousand cases over a period of many years supports this supposition. In this series of cases, as reported by Fordyce at Vandibilt clinic, some valuable data has been obtained. Spinal fluid examinations were done in every case, as a routine. In the series of over five thousand cases reported that had normal spinal fluids during the first year, not one instance of luetic infection of the central nervous system was found after eight years of observation.

It is obvious that we have the means at our disposal, in the modern laboratory methods, to detect those individuals that will later on show symptoms of neurosyphilis. Aside from therapeutic advantage of early diagnosis, the value of a correct prognosis cannot be overestimated. By the employment of a series of standard tests on the spinal fluid, the patient may be given an opinion that has all the elements of guesswork eliminated. Knowing that one out of every four syphilitics develop neurosyphilis, and that the treponema pallida show a preference for nervous tissue, it is obvious that the spinal fluid findings are of the utmost importance in every case.

The majority of syphilitic cases are never cured by the usual methods. Some of the blame for this situation may reflect on the patients, who may think a period of years is too long to remain under observation and treatment.

In certain cases, it is an established fact that intravenous salvarsan and mercury does not affect cerebrospinal lues. This is a statement

that admits of no denial. This is demonstrated frequently by patients who present themselves with active clinical signs and the positive fluid phases of neurosyphilis, even after several courses of intensive intravenous salvarsan and mercury.

In the treatment of neurosyphilis, arsphenamine is injected directly into the subdural space, after first subjecting the patient to a course of intravenous salvarsan and mercury inunctions. Puncture is made in the midline, straight in, between vertebræ, on a level of the crest of the ilium. * * The dosage used is from one-quarter to three-quarters milligram arsphenamine, dissolved in five cubic centimeters of freshly distilled water. Ten to fifteen cubic centimeters of spinal fluid is withdrawn and collected in glass vial for proper tests and then a small glass syringe containing the arsphenamine solution is connected to the spinal needle and slowly the injection is made with very little pressure. So far it has seemed that results obtained were as good with this method as with the use of serum. Progressive improvement is noted in the fluid tests as well as clinically, and the amount of treatment necessary in a given case is determined by a careful study of the serological findings. Considerable experience is necessary in the study of the combined serological reports.

The spinal fluid tests used are the complement fixation test (Wasserman), globulin test, cell count and the colloidal gold test. A positive Wasserman occurs only in syphilis. The Wasserman may be negative, however, in some forms of cerebrospinal syphilis, as cerebral endarteritis and abortive tabes. More mistakes are made on the negative side with this test than on the positive. In case of a negative Wasserman, with a luetic infection of the nervous system, a careful survey of the other tests will prevent an error. The gold solution test is of value in differentiating a luetic from a non-luetic condition. Lymphocytosis is not indicative of syphilis alone, as it is present in other affections of the neural axis. Neither does it differentiate between cerebrospinal syphilis, paresis, and tabes, as an equally high cell count may be found in any of these types. Increased globulin means organic disease, but is not pathognomonic of lues. An examination of the spinal fluid is not complete without the colloidal gold test. By its means it is not only possible to tell the luetic from the non-luetic lesion, but it is an aid in differentiating between the various types of neurosyphilis. This is particularly important for its prognostic value. A paretic curve may be found when no mental changes have appeared. It is possible that a superficial encephalitis or minigoencephalitis may give a paretic curve. Such a case is amenable to treatment and the paretic curve may be changed by treatment to a luetic curve or to the normal. A paretic curve

that remains paretic under intraspinal treatment, even in absence of symptoms, should warn one that the prognosis is poor, and the relatives be advised. Such a case may be held in abeyance for a time, but a deep encephalitis will of course not be cured. Some of these cases are helped and manage to carry on their work for a time.

The spinal fluid is slightly alkaline, is normally clear like water, and has a specific gravity of 1006 to 1008. A few lymphocytes may be present. It is estimated that from 110 to 150 c.c. are present in the normal adult. It not only surrounds the brain and cord, but occupies the ventricles, and passes into direct communication with the lymphatics of the cerebral cortex and of the peripheral nerves. It is probably secreted by the chroid plexuses. It normally drops out drop by drop, but it may gush out. This is frequently the case in spinal lues, although not much dependence is given to this particular phenomena. It is apparent that the spinal fluid is a good medium through which we may medicate a considerable area in the central nervous system.

A study of the different phases of the disease is necessary for one to be able to give an intelligent prognosis, or opinion, and no case of lues should be discharged as cured without a spinal fluid examination. The value of these tests may be demonstrated in the following history:

Patient, sixty-five years old. Unable to walk or even stand without support. Knee jerks and ankle jerks absent; eyes negative, blood Wasserman negative, spinal Wasserman negative; cell count three per c.m.m.; colloidal gold test 0000000000 (normal)—no curve. Diagnosis, combined sclerosis. From clinical observation this case was almost typical of advanced tabes, and without a serological examination would surely have passed as such. I would add that a positive Babinsky test was found, showing involvement of the anterior tracts, something not to be expected in tabes, which is a degeneration of the posterior columns.

In the following case even an early blood Wasserman test would have established a diagnosis and suggested the cause of the trouble. Male, aged forty years, a strong, sturdy type. Had always done hard work until the past six or seven years. During that time he had suffered from pain in the stomach and nervousness. He might have been classified, offhand, as a neurasthenic. He was treated, at intervals, over a period of five years, he says, with stomach washing. He received no benefit, and then he took fifty chiropractic treatments. When examined, his knee jerks and ankle jerks were equally hyperactive; Romberg slight; eyes were somewhat sluggish to light. June 14, 1923, blood Wasserman four plus; spinal fluid Wasserman four plus; cell count 140 per c.m.m.; globulin four plus; colloidal gold test showed a paretic curve

(4444320000). X-ray pictures (series) of the stomach and intestines were negative, taken after bismuth meals. From June, 1923, to March, 1924, he received twelve intravenous injections of salvarsan, seven intraspinal injections of salvarsan, and several courses of mercury inunctions and potassium iodide. March, 1924, spinal fluid Wasserman two plus; cell count 12 per c.m.m.; globulin negative; gold solution test 0000000000 (normal)—no curve. He gave a history of chancre twenty-six years ago, diagnosed clinically as chancroid. He does not remember having a secondary rash. His nervousness has disappeared, pain in the stomach also ceased early in the course of treatment, and he is able to do his usual work without discomfort. This was a pre-paresis case which responded well to treatment. He never showed any mental symptoms. He will receive more treatment and will be under observation for a long time with occasional serological examinations. It is apparent that a case like this one would have developed all the classical signs and symptoms of general paralysis of the insane in a few years more. Numerous cases like the above have been reported years after treatment had been discontinued with complete serological and clinical cures.

By a careful consideration of the physical findings, plus a study of the serological data, cases like the one just cited will not be wrongly diagnosed. With the same careful study of the earlier cases, where the clinical signs and symptoms are for the most part missing, a proper diagnosis can be made. It is safe to assume that this case has had sufficient abnormal findings in his blood and spinal fluid, probably for over twenty years, to have warranted treatment of the proper kind, long ago. And the vast majority of these cases have been seen, at one time or another, by physicians who should know that a month's treatment with mercury pills will not cure the disease.

The following illustrates the point made that intravenous arsphenamine and mixed treatment does not cure neurosyphilis:

Male, aged forty-eight years. Gave history of chancre twenty-two years ago, diagnosed by a physician as chancre and the patient was given a box of mercury pills. He was assured of a proper cure with that much medication. Ten years later he was troubled with vague pains in his legs, so he went to a large city, had a blood Wasserman test, which came back positive, and then received six intravenous salvarsan treatments. Six months later he went to another city, and was given six more intravenous injections of salvarsan. He was told that his blood had become negative. Three more intravenous injections of salvarsan were administered. On several occasions after that he had blood tests, which were reported negative. The pains in his legs continued as before. Referred on August, 1922. From that time to January, 1923, the

patient received seven intraspinal treatments of arsphenamine. August, 1922, spinal fluid Wasserman four plus; cell count 28 per c.m.m.; globulin four plus; no gold solution test reported; eyes, pupils irregular and somewhat sluggish to light; reflexes were all slightly exaggerated; Romberg positive. After the seven treatments above mentioned, in June, 1923, further tests were as follows: spinal fluid Wasserman negative; globulin negative; cell count 3 per c.m.m.; colloidal gold test 0000000000 (normal)—no curve. He writes in a recent letter that he has been free from symptoms, has gained weight, and does his usual hard work as well as he used to. He is clinically and serologically cured. His blood Wasserman was negative both times taken, before and after treatment.

Where the blood Wasserman remains positive after intensive intravenous salvarsan and mercury, attention should be directed to the cardiovascular system, the viscera and the central nervous system.

Mercury by mouth is mentioned only to be condemned, as it frequently upsets the stomach, and in some it acts as a purgative. Not enough mercury is put into the circulation by that method. Salicylate of mercury, used intramuscularly, or unguentum hydrargyri, by inunction, is preferred. Routine urine examinations are done in every case as a check on the kidneys.

Spinal punctures are done in the office, for diagnosis, having the patient lie down for two hours thereafter, to avoid the possibility of headache. The punctures are easily done, with a good technic, with little or usually no more trauma or discomfort than is present in an intravenous puncture. My colleagues and assistants at the hospital will, I think, vouch for that statement. Unless the punctures are painless, or nearly so, the patients will not stick to their treatment over a long enough period of time to get beneficial results.

When treatment is to be given intraspinally the patient is usually sent to a hospital, where he remains in bed at least over night after the injection. If he gets up too soon after treatment, an unpleasant headache may reward him. This will disappear again soon on going back to bed. Very little unpleasantness is complained of if the injection is made accurately and promptly. A sharp needle with a good cutting edge is essential. Care must be taken not to have too slender a point on the needle, as it might be broken off in the periosteum. The average needle, as it comes from the manufacturer, is so blunt that a puncture could not be made without a great deal of pain. Nearly all of the needles have to be re-sharpened before being fit for use. At least that has been our experience.

Several years of treatment are needed usually, although some im-

mediate improvement is commonly noted. If a careful explanation is made, showing the necessity of observation and prolonged treatment, little difficulty is encountered.

A rapid change in all the phases may occur, as in the following case:

Case C.—Referred by Dr. Burrage, Jan. 17, 1924. Age forty-six years; weight 118 pounds; hemoglobin 90 per cent.; blood pressure, systolic 90, diastolic 70; pulse 108, regular, of low tension; arteries soft; heart not enlarged, action regular, sounds of poor quality, no murmurs; lungs clear; abdomen slightly distended with gas, no masses or tenderness; liver, spleen and kidneys not felt; rectum normal; prostate gland of normal size, soft and boggy. Knee and ankle jerks were absent. Marked Romberg sign present. Typical tabetic gait present and he walks with a cane. No reaction of pupils to light. Teeth false. Throat negative. Tonsils small and contained no secretion. Tongue slightly coated. Urine, normal color, and acid reaction. Albumen very slight trace. No sugar. Indican negative. No casts, pus or blood. Some mucus present. Sexual power diminished for two years, and entirely absent for six months. No history of syphilis obtained. Gives history of steady drinking over a period of three years. Jan. 20, 1924, blood Wasserman four plus; spinal fluid Wasserman four plus; cell count 57 per c.m.m.; globulin three plus; gold solution test, strong luetic curve. Treatment from Jan. 20, 1924, to March 25, 1924, with seven intravenous injections arsphenamine, six nitraspinal injections of arsphenamine, and mercury inunctions. Feb. 25, 1924, spinal fluid Wasserman three plus; cell count 8; globulin negative; gold solution 0000001100—slight tendency to a luetic curve. March 5, 1924, spinal fluid Wasserman negative; globulin negative; cell count 120 per c.m.m.; gold solution 0000001110—slight tendency to a luetic curve. March 15, 1924, spinal fluid Wasserman negative; cell count 40 per c.m.m.; globulin negative; gold solution 0000000000 (normal)—no curve. March 24, 1924, spinal fluid Wasserman negative; cell count 5 per c.m.m.; gold solution test 0000000000 (normal)—no curve.

This patient was extremely weak when first seen and gave a history of three collapses with prostration following. A diagnosis of myocarditis, chronic, was made and digitalis used at first. A very marked improvement has been evident in the general condition, and the very rapid improvement noted above in the serological findings is followed by a considerable change for the better in his ability to walk. Prognosis is good. This is a lower spinal or tabetic type, and one in which a fair prognosis can be given. No encouragement was given when the patient first asked if he would be able to walk better, but it is apparent to all

who know him that such is the case. It seems likely that much of the damage to the nerve tissue must have been superficial, or so much improvement would not have occurred in so marked a case. Many such examples have been cited, however, by other writers, at different times.

Case D.—Referred by Dr. Burrage, May 28, 1923. Age forty-five years; weight 152 pounds; hemoglobin 95 percent.; blood pressure, systolic 144, diastolic 85; heart, no enlargement, action regular and sounds of good quality, no murmurs; lungs clear; abdomen, considerable gaseous distention; liver and kidneys not felt; no masses or tenderness; rectum negative; prostate gland small and soft. Knee jerks and ankle jerks were both absent. A marked Romberg was present. Pupils gave no reaction to light, and the left one was slightly irregular. Teeth mostly false, the few remaining ones being in good condition. Throat negative. Tonsils small, no secretion. Spleen slightly enlarged. Radial arteries palpable. Urine normal color, clear, specific gravity 1018, albumen negative, sugar negative, indican negative, no casts, pus or blood. Patient gave history of failing vision during the past two years. A diagnosis of chorioretinitis was made by Dr. Alfred Haskell. Vision as found by him is given: Right eye 20/10, left eye, movement of hand only. Hemorrhages had occurred in left eye. Right eye corrected to 20/40. No correction of left eye possible. Poor vision made it necessary for this patient to give up his usual work, sell his home, and worked a hardship on himself and family. History of infection eighteen years ago. Sexual power diminished. Blood Wasserman, on May 28, 1924, four plus; spinal fluid Wasserman four plus; globulin four plus; gold solution gave a marked paretic curve. No cell count reported. Treated from May, 1923, to March, 1924, with six intravenous injections of arsphenamine, six intraspinal injections of arsphenamine, and several courses of mercury inunctions and potassium iodide. June 26, 1923, spinal fluid Wasserman three plus; cell count 30 per c.m.m.; globulin three plus; colloidal gold test gave a slight paretic curve. Feb. 2, 1924, spinal fluid Wasserman anticomplementary; cell count 35 per c.m.m.; globulin doubtful (+—); no colloidal gold test reported. March 1, 1924, spinal fluid Wasserman negative; cell count 70 per c.m.m.; globulin doubtful (+—); colloidal gold test 0000000000 —no curve. Increase in sexual power reported. Patient says he thinks he can see better, but the ophthalmologist reports no change found in eye tests in March, 1924. The preservation of the remaining vision is, of course, the important single item in this case. His chancre was diagnosed as a syphilitic sore eighteen years ago, but a little local treatment was all that he received. No further thought was given to that by the patient until he was told, in 1923, that his old condition was the etiolog-

ical cause of the present disability. It is admitted that the amount of treatment given during the past year is not enough for a year's treatment for a case of this kind with urgent symptoms. Long distances to go for treatment and family troubles have prevented more intense treatment at the start. He is now attending to his treatments more regularly, and a fair outcome is looked for, despite the fact that the case was years late in getting his proper treatment. An improvement in all phases of serological findings, together with an increase in weight of twenty-five pounds, and the preservation of the existing eyesight as found, is thought to be quite all we could expect for the length of time and amount of treatment he has received. The most gratifying thing about the case is the change in the gold curve, from a marked paretic curve to a normal curve, and the change in the spinal fluid Wasserman from a four plus to a negative with the minimum amount of treatment received.

Case E.—Referred by Dr. Burrage, Jan. 15, 1924. Physical findings were given as follows: Age sixty-five years; weight 166½ pounds; hemoglobin 100 percent.; blood pressure, systolic 210, diastolic 110; pulse 90 and regular; heart, apex not seen or felt, dullness in sixth interspace, nipple line, no increase to right, action slightly irregular with occasional premature contractions, slight systolic murmur at aortic area, aortic second sound greater than pulmonic second, and snappy; lungs clear; liver, spleen and kidneys not felt; no masses or tenderness in abdomen; rectum negative; prostate gland not enlarged, but soft and boggy. Knee and ankle jerks were absent. There was no edema. Pupils were slightly irregular and gave no reaction to light. Tongue clear. Throat negative. Teeth in fair condition. Urine, normal color, clear, acid reaction, specific gravity 1015, a very slight trace of albumen, sugar negative, indican large trace, no casts, pus or blood. Patient says he was treated by Dr. Fordyce, New York, for several years for spinal syphilis, but that he had received no treatment for the past four years. In regard to his treatment at that time, Dr. Fordyce writes: "Mr. X. received, while under my care, a number of intravenous injections of arsphenamine combined with intramuscular injections of mercury. He also received from Feb. 15, 1918, to Feb. 5, 1920, thirteen intraspinal injections of Swift Ellis serum. The last examination of his spinal fluid, made on Feb. 7, 1920, showed cells 2 per c.m.m.; globulin doubtful (+—); Wasserman four plus to 2 c.c. and one plus to 5 c.c. His blood Wasserman made on May 11, 1921, was four plus. I am glad to hear that his findings have progressively improved. This not infrequently happens after prolonged treatment." He was first sent to me one year before he appeared. In the meantime he had been told by another syphilographer that he would need two hundred more intra-

spinal injections and that he never would be well. After coming under my care I found the following: Jan. 15, 1924, blood Wasserman doubtful (+—); Jan. 28, 1924, spinal fluid Wasserman negative and cell count negative. No colloidal gold test reported. Nothing was found in the serological report to indicate the necessity of more treatment. He is a hale, sturdy individual, without symptoms, and only inquired regarding the findings in view of the fact that he had once had an active syphilitic process in his spine, and wished to be sure that it still remained inactive. This is considered an arrested tabes, which has progressively improved after prolonged treatment. Four years after the last treatment his serological and clinical findings do not indicate the need of further medication. Casual observation of a case of this kind is insufficient investigation if an opinion of value is to be given. Only by a careful study of the serological data, physical findings, and a knowledge of the cases obtained by intensive study, can an opinion be obtained.

Close liaison is maintained with the internist and other specialists. A study of the combined reports renders valuable information of an accurate nature, and data that can be obtained in no other way. Many of these cases can be and are helped, or cured, that otherwise are hopelessly lost. The great majority of these cases have, at one time or another, received medical advice, or treatment, or both, and in too many instances they have been poorly advised. It matters not in what line of work one is in, the same rule holds for all, and that is, that we must have a diagnosis if we hope to cure cases. The fate of a syphilitic lies in the hands of the first physician who treats him. If a good start toward a cure is not given during the first year, valuable time is lost, and too often adequate treatment is not received.

While intraspinous medication is not exceedingly difficult, especially for one well trained in the method, it should be emphasized that it is a procedure not to be lightly undertaken by those who are not familiar with intraspinal therapy. The spinal avenue of medication is one that is frequently ignored, yet it is the only way that inaccessible vital parts may be treated. It is equally as important as intraspinal medication in cerebrospinal meningitis, as developed by Flexner. And spinal lues, if properly recognized early, is a not infrequent malady.

The Swift-Ellis method, or intraspinous injection of salvarsanized serum, is used more in this country than the one described in this paper. The direct injection of salvarsan solution into the spine is done more in France and Germany. It is the method used by Randall Hoyt, at the New York Skin and Cancer Hospital.

By a comparative study of cases treated, no advantage is noted by us in the Swift-Ellis method of intraspinal therapy.

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OUR ANNUAL MEETING.

Once more the meeting of our Association is a thing of the past. Beginning on the evening of the last Wednesday in June with a meeting of the House of Delegates, it ended late on Friday with a program of clinical, surgical and laboratory exhibits at the Maine General Hospital. Everything was perfect except the excessive warmth in the place of the reading of papers. Some of these days, if all of the physicians of Maine will agree to hold the meetings year after year in one city, we may have a building of our own, with rooms fitted for meetings of gatherings of varying numbers. In a small space, there is overcrowding and discomfort; in spaces too large, the vocal touch of the reader of papers with his hearers is less effective, or annihilated.

Those members who are interested in the doings of the House of Delegates can read what was accomplished in the report of the meeting, hereafter appearing in the JOURNAL. Some small advance toward obtaining better medical legislation may be mentioned as having been obtained.

The address of the President went over various points of value to the profession, and included better medical education; one licensing board to all wishing to cure diseases; examination of the health of children, and of adults, also, was emphasized; medical defense was defended, and a wider use of medicines urged, because we cannot practice medicine without using the medicines that we have already on hand in large abundance.

At this point we suggest that some writer, or writers, take the bull by the horns, as we may say, and invent a new word or a series of words which shall better emphasize our professional labors. The

practice of "medicine" suggests nothing but the uses of medicines for every patient whom we are called to attend. This is one of the reasons why so many people make a trial of various treatments by sects, whilst we do nothing with those methods except to decry, without studying them for any possible value in our business.

The address of the President of the A. M. A. referred largely to the need of organization, beginning in every county, obtaining for membership all available men, every county organizing into a capable state society, and all of these ultimately joining in with the A. M. A. for advance. This topic has been discussed before, but needs to be kept before our minds constantly, for it is plain that those who dislike our methods obtain their victories in the legislatures by their organization being more complete than ours. They are glad to sacrifice; we are stingy in doing so.

The program of our meeting was carried out precisely, every paper was read in the time allotted and the speakers were kept down to the time allowed to them. The chief interest was given to papers on "Insulin," "Fractures," "Health Examinations," and the two with pictures, one on "Skin Diseases" and the other on "The Dick Test." We cannot urge too often the great educational advantage of the frequent exhibit, in all of our county meetings, of papers illustrated as were these just mentioned, and all program committees should see to it that such pictured papers are offered as a regular annual attraction for meetings. "Money talks," is a common saying, but pictures speak plainer than the words of a good many essays offered at meetings.

The clinical exhibits and operations shown and performed at the Maine General Hospital made a perfect ending to a most successful meeting of our Association. Our only regret in reporting it is that space prevents going into deeper details concerning the suggestions offered in other papers, which we are obliged to leave unmentioned in the current number, but to which we hope to return later on.

J. A. S.

County News and Notes.

KENNEBEC.

KENNEBEC COUNTY MEDICAL ASSOCIATION.

The quarterly meeting of the Kennebec County Medical Association was held at the Elmwood Hotel, Waterville, Maine, Tuesday evening, April 8, 1924.

Supper was served at 6.00 P. M., followed by a short business meeting, over which Herbert W. Hall, M. D., President of the Association, presided.

The minutes of the last meeting were read and approved.

A letter from Dr. Edgar M. McCurdy, of Waterville, withdrawing his application for membership, was read.

The application for membership of Dr. Donald S. Knowlton, of Winthrop, Maine, was received and referred to the Board of Censors.

The addresses of the evening were given by Dr. Ralph C. Larabee, of Boston, head of the department of the diseases of the blood at the Boston City Hospital, on "The Severe Anemias of Pregnancy and the Puerperium," and by Dr. Samuel H. Kagan, of Augusta, on "A Case of Acute Lukemia." These addresses were followed by a very free discussion by the doctors present, that proved very profitable.

The members and guests present were: Drs. B. P. Hurd, H. W. Abbott, B. O. Goodrich, H. L. Parizo, P. S. Merrill, E. W. Boyer, G. H. Hutchins, R. L. Reynolds, M. S. Goodrich, E. H. Risley, J. E. Poulin, of Waterville; C. R. Simmons, Oakland; E. P. Williams, Sidney; H. W. Hendee, North Vassalboro; F. C. Tyson, H. W. Hall, F. R. Carter, S. H. Kagan, R. H. Stubbs, C. F. Kendall, J. Hewat, Alva Gwin, of Augusta, and Ralph C. Larabee, Boston, Mass. (members 19, guests 4).

Respectfully submitted,

FREDERICK R. CARTER,

Secretary.

The quarterly meeting of the Kennebec County Medical Association was held at the Augusta House, Tuesday evening, June 3, 1924.

Dinner at 6.30 P. M., followed by a business meeting, over which Herbert W. Hall, President of the Association, presided.

The minutes of the last meeting were read and approved.

Dr. Donald S. Knowlton, of Winthrop, Me., was elected to membership.

The application for membership of Drs. Alva Gwin and Matilde Louise Maerz, both of Augusta, were received and referred to the Board of Censors.

The addresses of the evening were delivered by Mr. William H. Harris, of Boston, director of life saving and first aid of the New England Division of the American Red Cross, who spoke on "Electrical Shock, Gassed Conditions and Resuscitations," and gave a demonstration of the "prone pressure method" of resuscitation.

Dr. Sylvester J. Beach, of Portland, formerly of this city, read a masterly paper on "Early Diagnosis of Head Injuries," and illustrated his talk with personal records of five cases which have recently come under his attention.

Dr. Edwin H. Place, director-in-chief of the South Department of the Boston City Hospital, also gave a most enlightening talk on "Management of Contagious Diseases."

The several subjects treated in the papers of the evening were discussed generally, and the meeting was profitable to those present.

Members and guests present were: A. G. Young, C. F. Kendall, Warren Sanborn, W. H. Harris, H. W. Hall, F. R. Carter, S. H. Kagan, G. A. Coombs, E. H. Jackson, L. S. Mann, R. H. Stubbs, M. A. Priest, G. R. Campbell, Augusta; J. E. Odione, Cooper's Mills; Donald S. Knowlton, F. H. Badger, Winthrop; H. E. Williams, Mt. Vernon; Wallace N. Price, G. W. Alexander, R. D. Simons, S. O. Clason, F. E. Strout, Gardiner; R. L. Reynolds, B. P. Hurd, J. Fred Hill, Edward H. Risley, Waterville. Guests: Erskine P. Noyes, Augusta; Dr. S. J. Beach, Portland; E. H. Place, Boston; William M. Harris, Boston.

F. R. CARTER, M. D.,
Secretary.

PENOBCOT.

PENOBCOT COUNTY MEDICAL SOCIETY.

The Penobscot County Medical Society held its last meeting for the year at the Bangor State Hospital, Tuesday evening, May 20, 1924.

The members were entertained by Dr. C. J. Hedin, President.

Dinner was served, following a clinic by C. H. Hedin, M. D., assisted by members of his staff.

The following were present: C. J. Hedin, M. D., H. D. McNeil, M. D., H. E. Snow, M. D., L. S. Mason, M. D., J. D. Clement, M. D., C. J. Taylor, M. D., J. Rubery, M. D., Bangor State Hospital, A. H. Parcher, M. D., Ellsworth, Lewis Hodgkins, M. D., Ellsworth, E. B. Sanger, M. D., H. W. Osgood, M. D., D. A. Robinson, M. D., W. M. Emerson, M. D., H. M. Chapman, M. D., H. M. Goodwin, M. D., E. S. Merrill, M. D., G. Dyer, M. D., H. W. Sampson, M. D., J. F. Starrett, M. D., E. N. Russell, M. D., Bangor State Hospital, H. C. Scribner, M. D., A. K. P. Smith, M. D., H. E. Thompson, M. D., F. D. Weymouth, M. D., C. S. Bryant, M. D., Millinocket, H. G. McKay, M. D., L. R. Wright, M. D., Galen Woodcock, M. D., C. P. Thomas, M. D., Brewer, W. E. Fellows, M. D., E. E. Brown, M. D., J. F. Cox, M. D., L. H. Ford, M. D., W. C. Hall, M. D., Orono, M. C. Madden, M. D., Old Town, L. H. Smith, M. D., Winterport, J. B. Woods, M. D., Forrest B. Ames, M. D., A. E. Small, M. D., W. S. Purinton, M. D., J. L. Johnson, M. D., C. M. Thomas, M. D., Brewer, Daniel McCann, M. D., W. C. Peters, M. D., J. P. Russell, M. D., South Brewer, H. C. Knowlton, M. D., Hampden, A. W. Fellows, M. D., H. W. Johnson, M. D., B. L. Bryant, M. D., C. H. Burgess, M. D., W. M. Garrison, M. D., R. D. Walton, M. D., J. B. Thompson, M. D., S. N. Marsh, M. D., C. R. O'Brien, M. D., L. H. Blanchard, M. D., E. L. Herlihy, M. D., A. E. Schriver, M. D., A. H. Schriver, M. D.

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It will soon be too late to protect the annual sufferers from fall hay fever by giving them a full prophylactic course of pollen extract, but it is not yet too late. The full course requires six to eight weeks, one injection being given every three or four days. By beginning early, severe reactions can be avoided, the first few doses being very small; and as every injection raises the patient's resistance, the gradually increasing doses that follow are usually as well borne as the first. While most cases of fall hay fever are due to ragweed pollen, it is advised that a diagnostic test be made before the extract is given hypodermically, since this takes only a few minutes of the doctor's time. The test is a cutaneous one.

Parke, Davis & Co. offer to supply physicians with a booklet on Pollen Extracts. See their advertisement in this issue..

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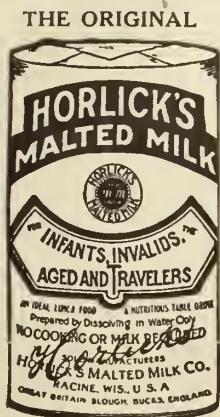
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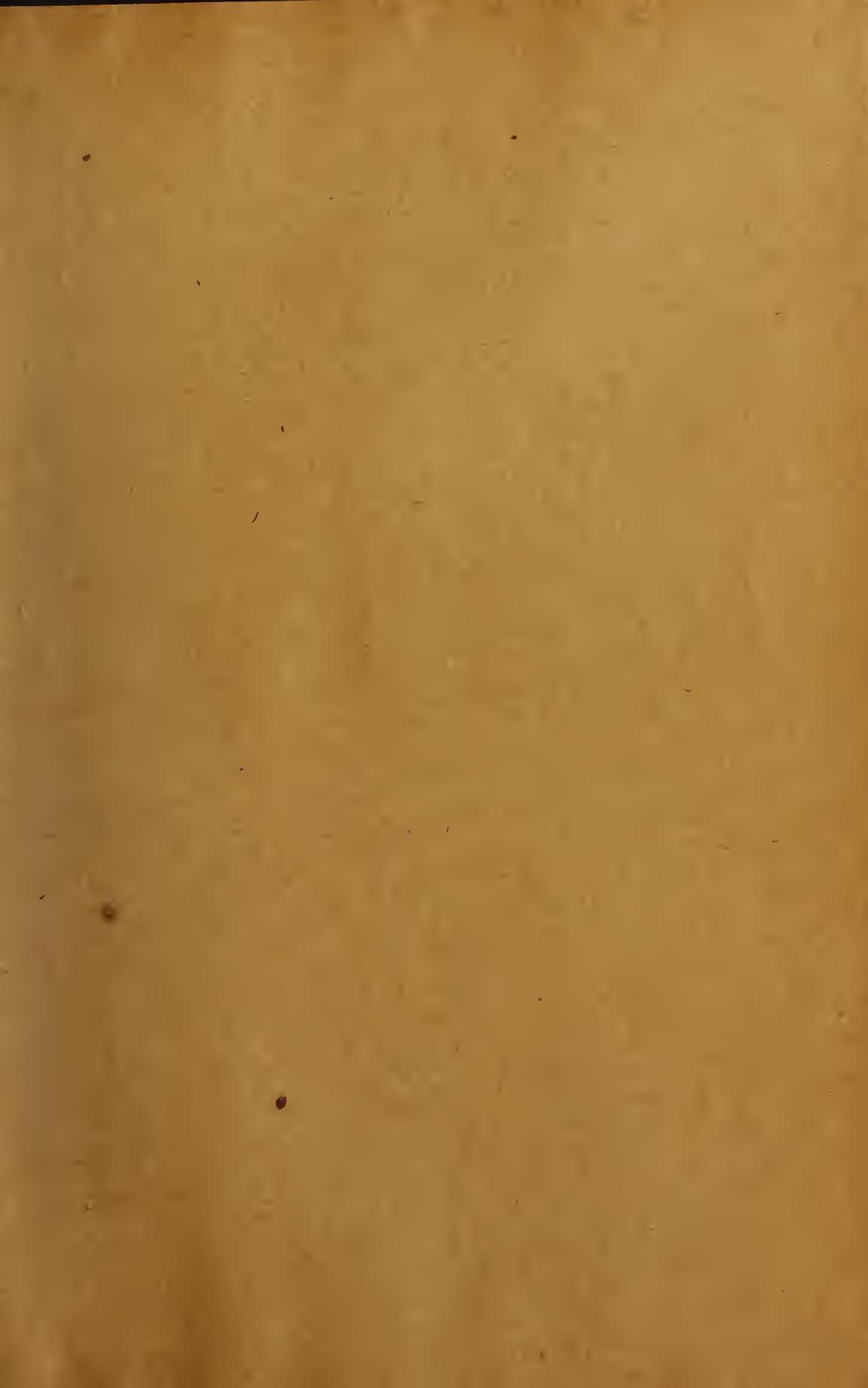


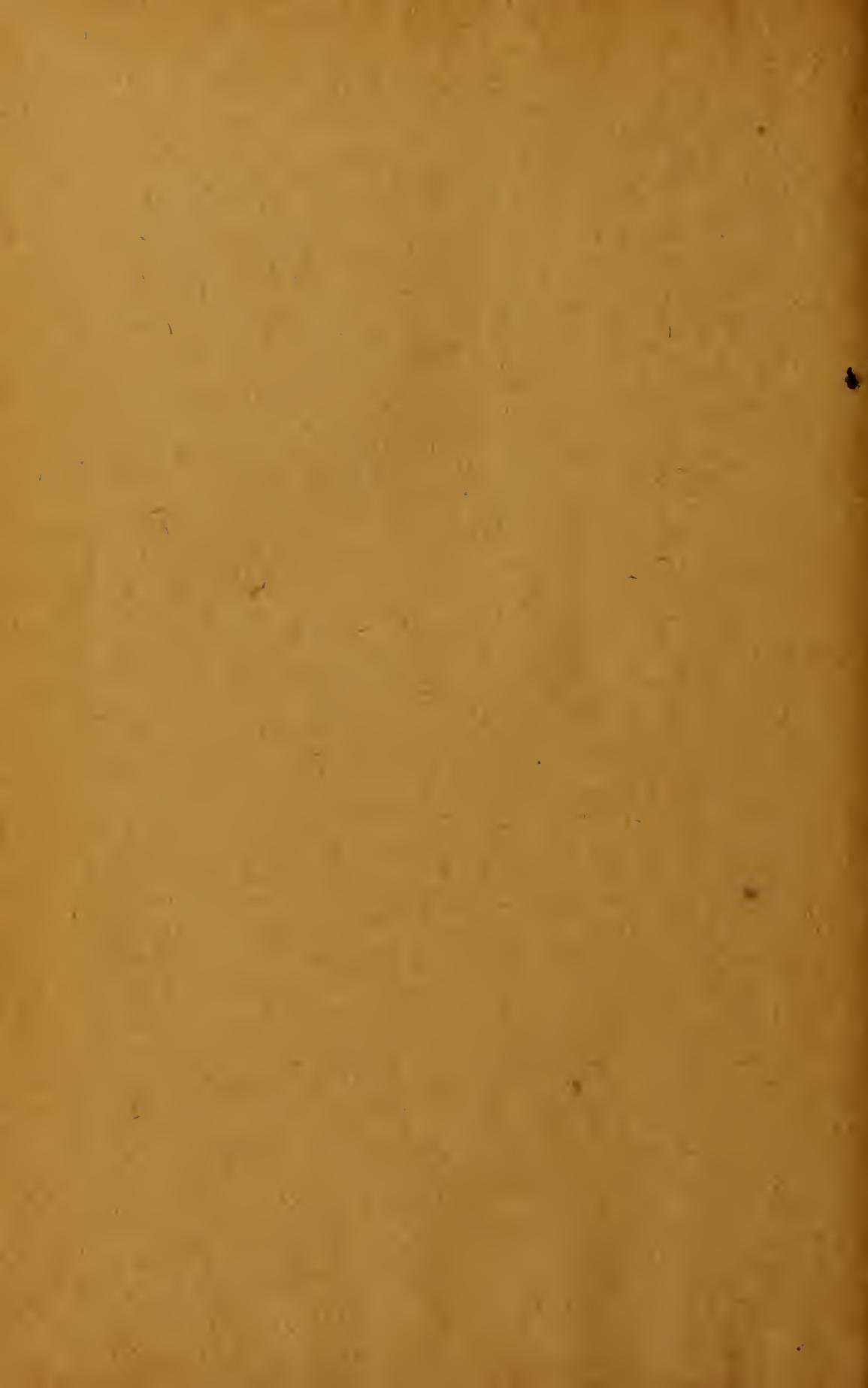
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